

MEDICAL CASES,

WITH

REMARKS AND OBSERVATIONS.



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NEW YORK

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MEDICAL CASES,

SELECTED FROM THE

Records of the PUBLIC DISPENSARY at Edinburgh;

WITH

REMARKS AND OBSERVATIONS.

BY

ANDREW DUNCAN, M.D.F.R. & A.S. Ed.

PHYSICIAN TO HIS ROYAL HIGHNESS THE PRINCE OF WALES
FOR SCOTLAND;

FELLOW OF THE ROYAL COLLEGE OF PHYSICIANS, EDINBURGH;

AND MEMBER OF THE ROYAL SOCIETIES OF MEDICINE
OF PARIS, COPENHAGEN, EDINBURGH, &c.

*Medicinæ faciendæ plane necessaria sunt hæc duo lumina, Ratio atque
Experientia. Utrumque per se indigens, alterum alterius auxilium po-
stulat.*

SIBBALD.

THE THIRD EDITION, CORRECTED.

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M,DCC,LXXXIV.

MEDICAL CASES

COLLECTED FROM THE

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TO THE HONOURABLE
HENRY ERSKINE.

S I R,

MANY different motives may be supposed to influence my conduct, when I prefix your name to the present work. A strict and uninterrupted friendship has subsisted between us, from a very early period of our lives, to the present hour. And I have ever esteemed it a singular happiness that I have been thus connected with one, whose character is adorned by many of the most shining qualities. Without, therefore, attempting to delineate those engaging manners which render you amiable as a man, and those conspicuous talents which distinguish you as a lawyer; yet the high opinion which I have of your
b abili-

abilities, and the many proofs you have given me of the most sincere regard, might naturally induce me, to express my gratitude and esteem in the most public manner.

I AM, however, at present actuated by a different consideration. You have a particular claim to every compliment which can be paid by this publication, as you have been one of the first and warmest supporters of the charitable establishment which has given origin to it. The records of the Edinburgh Dispensary, as well as the daily benedictions of friendless poverty, now afford uncontrovertible evidence that it has been productive of the most happy consequences in alleviating the calamities of the indigent. And I flatter myself, the following pages will bear some testimony, that it has also been instrumental in augmenting the stock of useful medical facts and observations.

I AM, indeed, fully aware, that those who
read

read this publication with the sole view of finding fault, will have no difficulty in detecting ample foundation for criticism, even when it is now presented to the public in a third edition, and after repeated corrections. But I trust, that those who peruse it from the hopes of receiving information, may find some compensation for their labour.

IF my efforts, however, have any effect of this kind, there is still greater reason to hope that your exertions in behalf of the Dispensary, will have more obvious and more extensive influence in promoting the public good. The active part which you have taken in forwarding the erection of a building for its use, not only furnishes it with many conveniences, but may probably also have the effect of giving perpetuity to the institution. If its salutary influence shall thus be extended to posterity, they ought then with gratitude to remember, that those who receive aid at the Dispensary, when oppressed with the accumulated evils of poverty and disease, are
prin-

principally indebted to you for the blessings derived from this charitable establishment.

I have the honour to be

Your ever faithful friend,

Edinburgh,
July 20. 1784. }

ANDREW DUNCAN.

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P R E F A C E.

WHEN I introduce this volume to the public, it is not my intention to say any thing respecting the motives by which I have been prompted to publish it. But it is necessary briefly to explain the nature of the work itself.

THE reader will learn from the general title, that it consists of medical cases selected from the records of the Public Dispensary at Edinburgh, and of remarks and observations delivered in lectures, of which these cases were the subject.

IT was in consequence of a suggestion from several students of medicine at Edinburgh, and in compliance with their request, that I first undertook to deliver lec-

tures at that place on the cases of patients subjected to chronical diseases. With this view, I then proposed to give medicines gratis to a few patients only who might be the subject of lectures. But the number of indigent individuals, who made daily application to be admitted to the benefits of this institution, soon led to the establishment of a Public Dispensary at Edinburgh. By this means, some cases, so peculiar and important in their nature, became the subject of these lectures, that I concluded they might be of no inconsiderable use, as affording medical instruction beyond the sphere for which they were originally intended. And with this view the present selection of cases and observations is now submitted to public examination.

The cases and subsequent reports are intended as a faithful record of facts. Some readers will, no doubt, conclude, that neither the singularity nor importance of these facts is such as to merit great attention.

tention. It has often been said, particularly by those who prefer theoretical reasoning to practical observation in medicine, that the publication of solitary facts, which lead to no general conclusion, can be of very little consequence: and, on this account, it may be thought of equally little use to publish singular cases, as to relate those which must daily occur to every practitioner. But he who wishes to regulate his practice, not by what a warm imagination may suggest, but by what has already happened, will prefer fair analogy to mere speculation: and even the most enthusiastic theorist must allow, that while facts are the basis of his opinion, it is by these only that his ingenious conjectures can be fully confirmed. Practitioners of every sect, then, must concur in wishing, that facts should be accurately recorded and generally known: And if cases have sometimes been obtruded on the public which hardly deserve notice, there is certainly much more reason for regretting, that many facts, by which the medical art

might be materially improved, are every day lost, from neglect on the part of those to whom they have occurred; or that, at the utmost, they have served only to instruct a single individual, and the limited circle of his acquaintance, while, by publication, they would have proved much more extensively useful. When, therefore, I present to the public, cases which afforded instruction to myself, my conduct needs no apology, and the intention, at least, merits approbation.

THE facts contained in the following volume, consist principally of minute descriptions of the symptoms and progress of diseases, and of faithful accounts of the effects of medicine.

It is but fair to mention, that the histories of the cases, taken at the admission of the patients, were not drawn up by myself. For these I have been indebted to the aid of three gentlemen, Mr William Browne from Yorkshire, Dr Samuel Byam Athill

Athill from Antigua, and Mr Charles Darwin from Litchfield, who, while they have been students of medicine at Edinburgh, have, at different periods, officiated as my assistants at the Dispensary. Of the accuracy with which these gentlemen have fulfilled this part of their duty, the reader must judge for himself. I shall only say, that if I had not reposed the most thorough confidence in their judgement and attention, I would never have intrusted them with an office, on the proper discharge of which my own reputation very much depended.

IN delineating the history of every case, I have, in general, recommended it to them, to begin with giving an account of the condition of the patient, independently of his disease; briefly mentioning the age, sex, temperament, condition of life, and other circumstances which could throw light on the nature of the patient's constitution: in the next place, to give a full description of all the symptoms with

which the patient was affected at the time of drawing up the history: then to give an account of the progress of the disease: afterwards to enumerate those remote causes which may be supposed to have had any share, as inducing the affection: and lastly, to mention the remedies employed before admission, and the effects resulting from these. This order, though necessarily varied by the circumstances of different cases, has been pretty generally adhered to.

IN the subsequent reports, which may be considered as a continuation of the history, and which record the practice employed with a view to the cure, the method which I have in general followed has been, first, to mention the obvious effects which resulted from the medicines that were used; then to give an account of the changes which had happened with regard to symptoms before existing; next, to take notice of new occurrences, and of the state of the principal functions; and lastly, to conclude with prescribing
such

such medicines as the condition of the affection at the time seemed to indicate. I am far from alleging, that the plan which has here been followed, in giving a detail of facts, is free from objections. Yet, after frequently considering this subject, it appears to me to afford a distinct and accurate view of those particulars which it is most material to know, respecting the appearances of diseases in their nature singular, or the effects of remedies which have not been in frequent use.

AFTER this short account of the method which has been prosecuted in relating cases, I shall next say a few words respecting the plan which has been followed in delivering observations on these cases. It has already been said, that these observations were first delivered as clinical or case lectures; and they are now presented to the public, nearly in the same state in which they were first given to those gentlemen who did me the honour of attending my lectures.

I HAVE often delivered it as my opinion, that it is hardly possible to conceive any method of teaching the practical part of medicine, which is better calculated for conveying useful information, than clinical or case lectures. The benefits resulting from these, indeed, must depend much on the judgment and abilities of the teacher. And, in delivering these lectures with all the advantages of which they are capable, the utmost medical knowledge, conjoined with the longest experience, will be found unequal to the task, unless they be supported by unwearied attention, and unless the remarks be delivered on a proper plan. Conscious of my own deficiencies, and of the numberless difficulties with which medicine is still perplexed, I am fully aware, that the observations here delivered, will not appear equally interesting to every reader: And I am far from asserting, that the plan which has here been followed, is the best that could be devised. Taking it for granted, however, that the ultimate aim of every practitioner

is to know diseases, and to be able to cure them, these objects are the basis of my remarks. My chief aim, then, in the observations here delivered on particular cases, has been to ascertain the name and nature of the disease; to point out those general principles on which I imagined that a cure might most reasonably be expected; and to mention the remedies from which I thought that there was the greatest chance of success. But, as the reputation of a practitioner is often as much affected by the opinion which he may deliver respecting the event of a disease, as by the judgment which he exerts in the treatment of it, the prognosis also has been the subject of remark. And attention to the grounds of prognosis, is a particular which merits serious consideration from every one who is engaged in the practice of the healing art. While an unfortunate event, that has not been foreseen, will greatly injure his reputation, he will often derive more fame from a lucky prediction, than from the most judicious plan of cure.

It is indeed to be observed, that, on the subject of prognosis, I have delivered my sentiments in lectures, with greater freedom than any one ought to do in practice: and if my conjectures have not always been well founded, it will, I hope, at least serve to show, that, even where there are probable grounds for judgment, no certain conclusion ought to be drawn.

BUT although observations on the name and nature of each disease, on the prognosis, and on the practice, form the principal part of the remarks; yet it must be allowed, that I have not unfrequently given place to reasonings of a different nature. I have sometimes taken an opportunity of drawing, from particular cases, proofs of peculiar doctrines; and of delivering conjectures, which some, perhaps, may consider as in a great measure the work of imagination. I hope, however, that, on such occasions, I have uniformly expressed myself with that diffidence which the intricacy of the subject demands; and
if

if my opinions respecting the nature of some diseases, and the operation of some remedies, differ from the doctrines most commonly received, it ought to be remembered, that these also are not established on infallible evidence. Even the mere suggestion of opinions, although not strictly founded in truth, may lead to practices which will improve the healing art: and suppositions which can, at present, be considered in no other light but as vague conjecture, may yet be confirmed by future observation. As far, therefore, as these do not serve to mislead in practice, they deserve consideration; and I hope that any farther apology for introducing them will be thought unnecessary.

AFTER this short view of the nature of the present work, I leave the reader to form a judgment of it, from a candid consideration of its contents. By that judgment, my future conduct will, in some measure, be regulated. And if the present production shall so far meet with a favourable reception,

ception, as may give room for believing that it is not unacceptable to medical readers, when I have been able to collect such materials as I think deserve notice, I may, perhaps, subject another volume to public examination.

EDIN. 1st Oct. }

1777. }

THE favourable reception which this volume has met with, puts it again in my power to present it to the public in a state better deserving their attention: And I hope, from the careful perusal I have bestowed upon it, some inaccuracies have been removed. To the present edition I have added some explanatory notes. These seemed now necessary, as different formulæ prescribed were prepared according to the sixth edition of the Edinburgh Pharmacopœia published in 1774. But in the seventh edition of that work, publish-

ed

ed in 1783, several formulæ are altered, and many names changed. I have therefore, on different occasions, now subjoined the formula itself at full length. To this edition, I have also added a general view of the business of the Collegium Casuale, as it is at present conducted at the Public Dispensary of Edinburgh. This general sketch was first printed for the use of students at the case-lectures, and to them it will be chiefly serviceable. But I hope it may also be of some advantage to others; and I think this will particularly be the case with that part of it in which I have delivered a plan for drawing up a history of the disease of any patient. This is a subject which ought to claim the attention of every practitioner. For there is no one who will not frequently have occasion to commit such histories to writing, either for consulting practitioners at a distance, for communicating to the public observations which have been instructive to himself, or for preserving with a view to his own improvement an exact account

account of the symptoms and progress of particular affections which he may have had occasion treat. On the method however in which these histories are delineated, his own reputation, as well as the satisfaction which he derives from the future perusal of them, must very much depend. If, therefore, a careful examination of the plan here proposed can afford him any aid, the attention he bestows upon it will not be unrewarded.

EDIN. *Oct.* 1. ?

1783. }
 1783. }

G E.

GENERAL VIEW
Of the BUSINESS of the
COLLEGIUM CASUALE.

The Practice.

THE general Heads to be followed in drawing up the Histories of Cases.

I. An account of the condition of the patient.

1. Age.
2. Sex.
3. Temperament.
4. Condition in life.

II. A description of the symptoms with which the patient is affected at the time of drawing up the history.

1. Evident symptoms.
2. Feelings of the patient.
3. The state of the principal functions.
 - a. Pulse.
 - b. Heat.
 - c. Respiration.
 - d. Excretions,

III. An account of the progress of the disease.

1. The manner of attack.
2. The symptoms which have already disappeared.
3. The duration of the present symptoms.

IV. An

IV. An enumeration of the remote causes which may be supposed to have had a share as inducing the affection.

1. The patient's conjectures respecting these.
2. The accidents to which the patient may have been exposed previous to the commencement of the disease.
3. The patient's former state of health.
4. The diseases with which the parents or near relations of the patient may have been affected.

V. An account of the influence of the remedies which have already been employed.

1. An enumeration of the medicines which have been used.
2. The effects which have resulted from these.
3. The regimen and situation of the patient from the time of the attack.
4. The effects which have resulted from thence.

VI. The general heads to be followed in giving reports.

1. The obvious effects from the medicines that have been employed.
2. The condition of the symptoms.
3. An account of new occurrences.
4. The state of the principal functions.
5. The prescription of medicines.

The

The Lectures.

I.

A general view of the case of each patient on the beginning of the treatment of the case.

1. Some account of the name and nature of that disease.
2. Conjectures respecting the probable event of the disease.
3. A brief view of the intended plan of cure, and of the method in which it is proposed that it shall be prosecuted.
4. An account of schemes which may afterwards be adopted, should that which is tried at first prove unsuccessful.

II.

Practical observations on the case of each patient after the treatment is terminated.

1. Observations on the view which was given of the case when the treatment was begun.
2. Remarks on those parts of the plan of cure then proposed, which were afterwards prosecuted during the course of the disease.
4. Observations on the effects resulting from particular remedies used in the case.

III.

A particular consideration of cases in their nature singular and important, after they are terminated.

1. *Remarks on the history.*

- a. Reflections on the narration of symptoms introduced into the register.
- b. A view of such symptoms as indicate any particular affection.
- c. A comparison of the history of the case with that of the disease to which it has the greatest resemblance.

2. *Remarks on the Theory.*

- a. Observations on the action of remote causes.
- b. An attempt to investigate the proximate cause.
- c. An explanation of some of the principal symptoms.
- d. Observations on the grounds of prognosis occurring during the course of the disease.

3. *Remarks on the practice.*

- a. Observations on the general plan of cure.
 - aa. Indicantia.
 - bb. Indications.
 - cc. Indicata.

b. Obser-

b. Observations on the particular remedies employed.

aa. A view of the principles on which they were expected to operate.

bb. Observations on the obvious effects resulting from them.

cc. Remarks on the changes which they produced on the disease.

COLLEGE OF AGRICULTURE

Observations on the growth and development of the plant

and the effect of the soil

on the growth and development of the plant

and the effect of the soil

on the growth and development of the plant

and the effect of the soil

on the growth and development of the plant

and the effect of the soil

MEDICAL CASES,

WITH

PRACTICAL REMARKS.

I.

*A Case of EPILEPSY, cured by the Use of the
Cuprum Ammoniacum.*

JAMES LIND, aged twelve years, admitted November 7. 1776, of a fair complexion, spare habit, and slender make, is affected with fits, which generally attack him once in the space of a week, but which do not observe any regular period. In these fits, he becomes insensible, is affected with strong convulsive motions of his legs and arms, and foams at the mouth.

In this state he usually continues for near half an hour. He then awakes, as if from

a sleep, and complains of slight headach; but he has no consciousness of the manner in which he has been affected. Pulse 108; belly regular; tongue moist; appetite natural.

These fits began about four years ago; and had, from the beginning, nearly the same appearance as at present. But, at first, they were less frequent, and less severe.

He knows no particular cause to which they can be assigned. But he has lived constantly in the same house with his mother, who has been long affected with similar complaints; and he has all along slept in the same bed with her.

No medicines have as yet been employed with a view to remove this distemper.

Capiat pilulam cœruleam unam omni nocte hora somni *.

Novem-

* The pilulæ cœruleæ were first introduced into the sixth edition of the Edinburgh Pharmacopœia, and are directed to be prepared in the following manner.

R. Cupri ammoniaci grana sedecim

Micæ panis scrupulos quatuor

Spt. salis ammoniaci quantum satis sit.

Fiat massa dividenda in pilulas triginta duas æquales.

AND OBSERVATIONS. 23

November 16. He had some sickness from the first doses of the pills, but they never occasioned vomiting. He has had but one fit since he began the pills; it was, however, rather more severe, and of longer duration, than his fits have usually been before. *Capiat pilulam cæruleam unam omni mane & vespere.*

OBSERVATIONS on this Case, delivered
November 30.

THIS boy is our patient for a complaint in many respects similar to that with which his mother is affected; who is also, at present, under our care. We have little hesitation in pronouncing the affection, to which he is subjected, to be epilepsy. Of this almost sufficient evidence is afforded, from those convulsive motions occurring in paroxysms with which he is at times affected. It is indeed true, that in hyster-

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ric

In the seventh edition of our Pharmacopœia, the same formula is still retained. But in place of the name of *Pilulæ Cæruleæ*, that of *Pilulæ à Cupro*, is now with much greater propriety employed.

ric fits, which, unquestionably, constitute an affection of a very different nature, appearances somewhat similar also occur; and, in some instances, the distinction between the two diseases is very difficult. But, in the case before us, there is, I think, little room for doubt. It gives some presumption of epilepsy that our patient is a male. The male sex, although it sometimes happens, are but rarely subjected to hysteria. Besides this, many of the symptoms commonly attending hysteria, particularly the affections of the alimentary canal, are here absent. Our patient has never been affected with the sense of a ball rising to his throat, the *globus hystericus*, as it has been called, which many reckon a pathognomonic symptom of that affection. His fits are attended with foaming at the mouth; which, although it may seem to be a circumstance but of little importance, yet very rarely, if ever, occurs in proper hysteric fits. But we have here a symptom affording a still stronger distinction than any of those already mentioned,

tioned, in the total abolition of sense, which occurs during his fits. After he has recovered from his fits, he is not conscious of any thing that has happened to him. On the other hand, in hysterical fits, although patients be unable to speak, yet they see what passes around them, they hear what is said, and can recollect what has happened. From all these circumstances taken together, then, I pronounce the patient to be affected with epilepsy.

It will naturally occur as a question, to what cause the epilepsy, in the present instance, is to be attributed. The presumption is, that this patient derives his disease from his mother. She had long laboured under similar complaints before he was subjected to them. But, although this gives a probability that his affection, in some measure, originated from that of his parent, yet there is here room for doubt respecting the manner in which this may be supposed to happen. It is on all hands allowed, that epilepsy is an hereditary affection. And there are many
who

who contend, that it is one of those diseases which may be propagated by infection. It falls, therefore, to be inquired, whether the disease of our patient can be ascribed to any of these causes, or whether there is reason to conclude that it proceeds from neither.

To the supposition of its depending on a hereditary disposition, in the present instance, there are many objections. We are assured, that, except his mother, no one else of his relations has ever been affected with such a complaint. And, with his mother, the disease is said to have arisen from violent agitation of mind, occasioned by the sudden death of her husband, an event which did not happen till several years after the birth of this son.

That epilepsy is a disease really of an infectious nature, capable of being communicated by contact, is an opinion, in support of which I know no probable argument. But it is well known, that, with very delicate habits, diseases which cannot

not be said to be infectious, are yet catching, from the principle of imitation. Of this we have a remarkable instance in hysteria. When several patients, subjected to this affection, are lodged in the same ward of an hospital, it is often observed, that the fit of one brings on that of another. And what, in this respect, holds of hysteria, may be readily supposed to hold with epilepsy, where the appearance of the fits is much more terrible.

I would then consider the disease of this patient, not as the consequence of infection from sleeping with his mother, but as proceeding from his having frequently had occasion to see her subjected to fits. We may therefore, I think, consider his disease as proceeding from fear, or at least from a strong emotion of mind. And this is not the first instance I have met with, where I have reckoned it probable, that, with delicate habits, epilepsy was to be ascribed to the same cause. Not many months ago, my practice in the Royal Infirmary furnished me with a case, which

I considered to be a striking instance of this.

The prognosis which I am disposed to give in the present case, is less unfavourable than in most instances of epilepsy. I must own, indeed, that I entertain no very sanguine hopes of recovery. For epilepsy, even in its slightest form, is always a stubborn affection. At the same time, I see no reason to dread any immediate danger in the present instance. It is indeed true, we can never be certain, that a patient subjected to epilepsy, may not be cut off even by the very next fit. Yet, upon the whole, it is one of those diseases which is more terrible than really dangerous. And it will even continue with greater violence than in the present instance, during the whole course of a very long life. We may farther remark, that, while it is a disease which, on some occasions at least, has admitted of cure, there is, perhaps, as good a chance of success in the present instance, as in most others. There is no circumstance which would lead us to believe,

lieve, that his disease arises from any fixed or irremovable cause. And, as our patient is yet at an early period of life, his system must necessarily be subjected to several changes. From these, even without the aid of remedies, we may expect some effect, as tending to diminish the mobility of the system: and I am not without hope, that, by proper treatment, his disease may be alleviated, if not removed.

The removal of fits of epilepsy is, I apprehend, chiefly to be expected upon one of two grounds; either by the removal of the exciting cause, or by inducing such a change in the state of the nervous power, that the exciting cause will cease to have its former effect.

On the last of these footings, I have begun an attempt to cure with the present patient. And I have prescribed for him one of the most powerful tonics with which I am acquainted: I mean the *cuprum ammoniacum*. This remedy has, of late, been much used in epilepsy; and
many

many are inclined to think, that it has been employed in different instances with great success. I wish, therefore, in the present, which I consider to be a favourable instance of epilepsy, to give it a full and fair trial; and, that we may be more certain of its effects, I shall not conjoin with it any other medicine. Like other preparations of copper, however, it is a substance of great activity. It requires, therefore, to be managed with much caution; and it is necessary that we should begin with a small dose: yet, to obtain its full effect, the dose must be gradually increased to as great an extent as the patient is able to bear.

Should this remedy, after such a trial, fail in producing the effect which we expect from it, I mean to conjoin it with a medicine, which I imagine is in some measure of the same nature; that is, the flowers, or more properly the calx, of zinc. I am led to suggest this trial on the authority of Doctor Odier of Geneva. He thinks that he has found good effects from
such

such a conjunction, where each of the remedies, taken by itself, had failed. And, what may be considered as somewhat singular, he found, that this conjunction did not require a diminution of the dose of either. According to his observations, a patient will bear, without sickness, as much of both taken together, as of each separately. Should both these remedies fail, I would not yet despair of a cure in this case. Even the same remedies, at a later period of life, may have the effect of removing this complaint. And, should they at present fail, after a fair trial, we may have recourse to Peruvian bark and cold bathing. If all these give no alleviation, I must own I shall lose hopes of being, at present, of service to this patient. Yet I would not say that he may not afterwards be recovered. For, as far as I can judge from my own observation, I think there can be little doubt, that epilepsy is a more frequent disease at early than at advanced periods of life; and that not a few recoveries happen even spontaneously

taneously. But, of the termination of this case, we shall perhaps be able to speak with more confidence when we have made some of the trials proposed.

Subsequent REPORTS.

November 30. He has had no sickness from the continuance of the pills. His fits are now less frequent, and do not take place on the same accidents which formerly induced them. *Capiat pilulas cæruleas duas omni nocte b. s. et pilulam unam omni mane.*

December 14. He has had no fit since the last report, although he has taken none of the pills for some days. In other respects he enjoys good health; and it is observed, that he is not now affected with startings during his sleep, which were before frequent with him. *Continuentur pilulæ cæruleæ: sed capiat solummodo unam omni nocte.*

December 21. He has taken a pill regularly every night, and still continues
free

free from any return of fits. *Continuentur pilulæ ut antea.*

December 28. He continues free from even the least appearance of his former fits. But he was affected with vomiting after his last pill; and, since that, he has complained of the want of appetite. *Intermittantur pilulæ cæruleæ; et capiat pulveris corticis Peruviani scrupulum unum, omni mane et vespere.*

January 4. He still continues free from any return of the fits, and he has had no sickness since he omitted the *pilulæ cæruleæ*. Let him be dismissed.

OBSERVATIONS *delivered January 11.*

I formerly pronounced the case of this patient to be epilepsy, and I considered it to be the consequence of the disease of his mother, in the same manner as other nervous affections are communicated by the principle of imitation, or by strong mental affections. Since the treatment of this case was begun, I have found no reason to alter my opinion with respect to it. I

must, however, observe, that the termination which has taken place, has been more favourable than I expected. I know no remedy on which we can rely with any great degree of confidence, for the removal of this affection. In every case, therefore, the event must be very uncertain.

I observed, however, that, from the opinion I had formed respecting the cause giving rise to this patient's epilepsy, I looked upon it to be a case in which there was a better chance of cure than in most others; and I was led to entertain hopes, principally from the supposition, that this complaint was not supported by any local affection. These hopes have now been more than fulfilled. For this patient has obtained, if not a perfect cure, at least a suspension of his disease much sooner than I expected. He has not only been freed from fits at the periods when they formerly occurred, but, even when he has been subjected to those exciting causes which formerly induced them, he has suffered

ferred no disturbance. And that a material change has taken place in his constitution, is demonstrated, by his being free from startings during his sleep. This, I think, affords incontestable evidence of a diminution of irritability.

In this situation, I reckoned it unnecessary that he should any longer continue his attendance here. I would not, however, from this, be understood to pronounce that he is perfectly cured. And I shall not be surpris'd at hearing that he has again returns of his fits, especially if he still continues to be expos'd to the same occasional cause which at first induced these fits. Yet I cannot help thinking, that there is some ground for hoping that this may not be the case; particularly, if his mother follow the advice I have given her, of getting him placed at some distance from herself.

In the treatment of this case, I remarked, that we might proceed on two different footings. In such instances, a cure may be aimed at, either by attempting

the removal of the exciting cause, or by endeavouring to induce such a change in the state of the nervous energy, that, although exciting causes still continued to act, they should cease to be productive of the former effect. It is on the last of these principles that I apprehend relief is most frequently afforded in epilepsy. It would seem, from many phænomena, that a certain degree of mobility in the nervous energy, and irritability in the moving fibres, are necessary conditions for the occurrence of epileptic fits, even in those cases where the disease may be said to depend on a local affection. And hence it is, that relief has sometimes been obtained from different tonic medicines, where epilepsy has even been produced by an exostosis within the skull. It was on this general principle, then, that I proposed to attempt a cure in the present case; and, through the whole treatment, I found no reason to alter my plan.

I began the treatment of this case with putting our patient on the use of the *pillule*

lulæ cæruleæ, a new formula of the Edinburgh Pharmacopœia. I need not observe, that the only active part of these pills is a preparation of copper. And here, perhaps, that metal is in the mildest saline state to which it can be reduced.

The introduction of the use of copper for medical purposes, seems to have been of very ancient date. For the best history that I know of it, I may refer you to an inaugural dissertation *De Cupro*, published at the University of Edinburgh, about twenty years ago, by Dr Ruffel. In its pure metallic state, it is capable of exerting no action on the human body, unless in a mechanical way. But it would appear, that several preparations of it, as the *squamæ*, *verdegris*, and the like, were employed externally for medical purposes, as early as the days of Hippocrates; but, when taken internally, it was long considered as a poison. And, indeed, such are its stimulant effects, that the greatest part of the preparations cannot be employed, even in small doses. This is particularly

ticularly the case with respect to verdegris. In all its saline states, however, it has not an equally violent action as a stimulus. And, from its astringent power externally, it was concluded, that it might have the same effect on the system from internal use.

It is now determined by experience, that, of all the preparations of copper, those with the neutral salts, particularly with the ammoniacal salts, are the least virulent. And it is not improbable, that the remedy introduced by Mr Boyle, under the title of *Ens Veneris*, was of this kind. On this remedy he bestows very high encomiums, in all diseases attended with universal laxity. Since the days of Mr Boyle, the cuprum ammoniacum has been recommended to the attention of practitioners by several German writers. Papers on this subject are to be met with in the Memoirs of the Royal Academy of Berlin, and in the Ephemerides Germanicæ. Since the publication of these papers, it has not unfrequently been employed

ployed in epilepsy. And it has been alleged, that the use of this preparation of copper has often been attended with considerable advantage. It is not, indeed, to be imagined, that we shall ever obtain a remedy which will prove effectual in every case of epilepsy. It is, however, of great consequence to possess one which will succeed in some instances.

I have used this remedy in several cases before the present came under my care. In some of them, I could not say that it was of any benefit; in others, it had, I think, manifestly good effects. But I must, at the same time, add, that no case has come under my care, in which it was productive of so remarkable benefit as in the present. I do not, however, mean to represent this as the strongest instance of the success that has been had from it. A case, in its circumstances much more obstinate, terminating successfully, is recorded by Dr Ruffel in the dissertation I have already mentioned. There, indeed, the remedy was long continued, and to a

very considerable extent. It was given, even to the quantity of nine grains, three times a-day; and not only without bad effects, but even with the best consequences.

I hold the cuprum ammoniacum, however, from its stimulant effects, to be one of those medicines which requires always to be begun in small doses. I ordered for our present patient, then, at the commencement, one pill only. And each of the *pilulae caeruleae* contains but half a grain of the cuprum. This dose was repeated morning and evening. At first, it occasioned a slight degree of sickness; but as this sickness was neither attended with vomiting nor looseness, I soon ventured to double the dose in the evening. For, it may be observed, that medicines of this nature have less effect in producing sickness when they are given in the evening, than when they are taken with an empty stomach. While he continued the medicine to this extent, the frequency of his fits gradually diminished, and in no long time they entirely
left

left him. In place, therefore, of farther increasing the dose, I thought it necessary to diminish it. And even when this was done, there was still some suspicion of its exciting vomiting. From this suspicion, I was induced entirely to omit the use of it. But that I might not suddenly give up a powerful tonic, I ordered, as a substitute, the Peruvian bark; and after continuing this for some time, as he had not any threatening of fits, I reckoned it unnecessary to keep him any longer on our list. I have accordingly dismissed him; and I shall have much satisfaction if I learn that he continues free from any return of his affection.

SEQUEL.

This patient left his mother's house soon after he was dismissed from attendance at the Dispensary, and continued for several months without the least threatening of his former affection. But, about the middle of June, he again returned to reside with his

his mother; not many weeks after which, he had a fit. He had, however, no farther return, although he lived with his mother for the space of several months, and although her fits still continued to be very frequent.

This patient still continues, January 10. 1783, free from any farther return of his Epilepsy, and in other respects enjoys good health.

II.

An Enlargement of the Abdomen, of a doubtful nature, which terminated successfully.

M— **R**—, aged seven years, admitted November 8. 1776, has a considerable swelling of the abdomen, which is very tense. She also complains of great thirst, and her appetite is much impaired. There is no obvious swelling on any other part of her body. During
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the night, she is very restless, and sleeps ill, frequently complaining of pain in her belly; and she is also sometimes observed to pick her nose. Her respiration is rather more laborious than natural. Her urine is scanty, tongue clean, skin moist, belly regular.

The swelling of her abdomen first appeared about five years ago, and it has gradually increased ever since. About four years after it first began, she was attacked with a fever, during which she passed four round worms; and she also discharged one about two months ago. She has complained of thirst ever since she was weaned.

She knows no cause to which these complaints can be assigned. She has used some medicines, but does not know what they were, and obtained no relief from them.

*R. Pulveris cremoris tartari semi-drachmam
Pulveris corticis cinnamomi grana decem M.*

Capiat dosin quarta quaque hora.

Novem-

November 16. The powders, which have been taken regularly, have produced no looseness; but the quantity of her urine is somewhat increased. The swelling of her belly is nothing diminished, and her thirst is nothing abated; but her appetite is somewhat mended. Belly regular; pulse 120. *Continuetur pulvis cremoris tartari ut antea; et*

℞. Calomelanos grana tria

Pulveris radice scillæ exsiccatae scrupulum unum

Saponis Hispani drachmam unam

Syrupi simplicis quantum sufficit ut fiat massa, dividenda in pilulas granorum quinque.

Capiat pilulam unam omni nocte hora somni.

November 23. The pills have neither occasioned vomiting, nor any manifest sickness; but she has had, every day for some time past, frequent loose stools, attended with severe gripes, which she ascribes to the powders. The quantity of her urine is not increased since last report.

Her

Her appetite is worfe, and the fwelling of her belly is nothing diminifhed. Pulse 100; thirft rather more moderate. *Capiat dofim pulveris cremoris tartari omni mane, et pilulam fcilliticam omni nocte.*

November 30. Her loofe stools have been lefs frequent fince the laft report; and fhe has in general difcharged near five pounds of urine during the fpace of twenty-four hours. The fwelling of her belly is fomewhat diminifhed every morning, but it again increafes towards night. It was this morning lefs than it has been for fome years before. Her thirft is more moderate, her appetite mended. Pulse 96. *Continuentur medicamenta ut antea.*

OBSERVATIONS delivered December 7.

THE difeafe of this patient, in my opinion, is not altogether without ambiguity. There are, indeed, many fymptoms here, which are confidered as the characterizing marks of a dropfical affection. From the fwelling of the abdomen, the difficulty of breathing,

breathing, the thirst, and scarcity of urine, we might conclude, that she is subjected to ascites. I am inclined to think that this is really the case. But here a very essential circumstance is wanting. With this swelling of the belly, there is no evident fluctuation: a circumstance which is almost constantly observed where an enlargement of the abdomen depends upon water; or even where any other liquid, such, for example, as blood, pus, or the like, is deposited in the cavity of the abdomen. The want of fluctuation, then, would naturally lead us to inquire, how far there is reason to suspect that the swelling here depends on any other cause. And there is the rather room for such an inquiry, as there is no appearance of effused water in any other part of the system. Pure ascites, indeed, may, and frequently does exist; yet, for the most part, it is conjoined with other dropical affections.

There are two other suppositions respecting the cause of this swelling, which here

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naturally present themselves. It sometimes happens, that swellings, in appearance, similar to the present, depend upon a solid matter. But to this supposition there are here two unfurmountable objections. The first may be drawn from the progress of the disease. Where the enlargement of the abdomen depends upon a solid matter, it very generally begins at a particular spot, and from thence it is gradually extended to other parts of the abdomen. But, in the present case, although the increase has been gradual, yet it has been uniformly extended over the whole, and no particular local hardness has ever been discovered. Besides this, swellings depending on a solid matter are not liable to sudden changes. With our patient, however, such changes manifestly occur. Hence, for the supposition of the swelling depending on solid, there is little foundation.

Another supposition is, that the swelling here occurring may depend upon air; that is, that our patient may be subjected to tympanites. But of this affection also
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some of the chief symptoms are wanting. No sound is observed to be emitted on percussion of the abdomen, nor is any relief afforded on the discharge of wind. The first of these particulars, however, is the almost constant attendant of abdominal, and the last of intestinal, tympanites. Upon the whole, then, I reckon it at least the most probable supposition, that this swelling depends on water. The want of fluctuation may arise from different circumstances. It may depend upon the state of the integuments; it may arise from the condition of the viscera; or it may proceed from the water being contained in hydatides. And, although I consider the thirst and scarcity of urine as giving strong presumption of a dropical affection, yet I shall not be surprised to find that it turns out of a complicated nature, neither entirely depending on water nor air, but partly on both.

With this uncertainty, I am not here disposed to give a very favourable prognostic. The youth of this patient is indeed
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somewhat in her favour; and it is still more so, that she has received, at least, temporary relief, from the quantity of her urine being increased. But, these circumstances excepted, most others are against our patient. While we have much uncertainty respecting the nature of the disease, we have at least some reason to dread a local affection; and, from the pain of the belly of which she complains, we can prognosticate nothing favourable. From the continuance of her disease, also, we may conclude it to be of a stubborn nature. For, although she be but eight years old, her affection has been observed for no less than five of these. And there are even some indications of its being of a much earlier date; for we may consider, as a symptom of it, the thirst with which she has been affected from the time that she was on the breast. To all these circumstances, it is farther to be added, that her complaints have already resisted the power of several medicines. If, therefore, her disease admits of a

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speedy and fortunate termination, it is, I own, much more than I expect.

It may seem strange, that hitherto I have taken no notice of a circumstance particularly mentioned in this case, that is, the worms which she has, at different times, been observed to discharge by stool. There are some practitioners, who, with such circumstances as occur here, would look upon worms in the intestinal canal to be the cause of the greatest part, if not of all, the symptoms. I must, however, own, that I do not suspect them to have any connection with the present complaint. Worms, indeed, in the intestines, are by no means a rare occurrence; yet, as far as my inquiries go, I think I may venture to assert, that in this country they are less frequent than in some others; and farther, that now they are less frequent here than they were formerly, which I am inclined to ascribe to changes which have taken place with respect to diet. Cases are often to be met with, in which they are unquestionably productive of the most threat-

threatening and most anomalous symptoms; yet there can be no doubt, that they are frequently present in the alimentary canal when they are productive of no inconvenience. This sufficiently appears from their being observed to be discharged where there has been no preceding uneasiness.

In the case before us, they appeared chiefly during the course of a fever. It is to be remarked, that, during febrile affections, worms frequently appear; and when this is the case, there are many who are disposed to consider them as the cause of the fever. This conclusion, however, is, I imagine, often drawn without good reason; and I cannot help thinking, that they are frequently discharged merely in consequence of the fever. It would seem, that, from the morbid affection which exists, probably from the increased heat of the body, their situation becomes disagreeable to them. And I reckon it probable, that this may have been the case in the instance before us. Our patient has, even of late indeed, discharged one, which

gives a presumption that there may be still others present. And the action of these on the alimentary canal, may either be the cause of some symptoms, or may aggravate them: yet, admitting this, I must own, I do not consider them as forming any dangerous part of the affection; and I do not think that our attempts to cure are to be directed with a view to these.

Respecting the general plan of cure, from what has been said, it may be concluded that I am somewhat at a loss. I have, however, begun the treatment of this case, on what I reckon the most probable supposition; that is, the idea of its being a dropical affection. Supposing that there is a collection of water in the cavity of the abdomen, it is my intention to attempt to discharge it by natural outlets. Of these, the chief are evacuation by stool and urine. From the first of these, we can obtain the most immediate and most sudden discharge: from the last, the evacuation which takes place has the least influence as debilitating the patient; and,
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on this account, diuretics can be used with more regularity, and for a greater length of time, than purgatives. To these, therefore, I am chiefly disposed to trust in the present case; yet I wish, in some degree, to conjoin the advantages both from diuretics and purgatives. It is from these considerations that I have put this patient on the use of two different remedies, cream of tartar and squills. While the first operates most immediately as a purgative, it is, at the same time, powerfully diuretic. The last is intended solely with a view of increasing the quantity of urine. If from these medicines we can obtain a copious discharge of urine, with a diminution of the swellings, and at the same time without debility, it may go far towards the recovery of the patient.

In dropical affections, however, I consider the evacuation of the water as the least important part of the cure: and, in almost every case, it is a more difficult matter to prevent the return of effusion, than to produce evacuation. It may therefore be ne-

cessary, in order to secure the good effects which may be derived from these evacuants, to have recourse to Peruvian bark, and other tonics. But I would by no means be understood to promise that we shall ever come this length in the cure; and we may even be soon satisfied, that the present plan is not to be persisted in. The evacuation may be greater than our patient is able to bear, or it may take place without a diminution of the swellings. In either case, it would be prejudicial. Supposing this to happen, I must own, that I cannot, at present, even conjecture what measures I may then be disposed to adopt. I shall probably, however, try some of those medicines which more immediately tend to increase the tone of the alimentary canal; particularly those which pass under the general titles of stomachic and carminative medicines. It is, in some measure, with an intention of this kind, that I mean to conjoin, with the present course, friction of the abdomen. And, merely as an inducement to its being continued for a sufficient length

of

of time, I shall order it to be performed either with oil or with some soft powder, but without expecting from these any other effect than as leading to the continuance of the friction.

SEQUEL.

Soon after the 7th of December, besides the continuance of the cream of tartar and squills, directions were given, that this patient should have her belly carefully rubbed every evening for the space of half an hour. And, as the repeated evacuations by stool seemed to induce debility, the purgatives were ordered to be intermitted. But not long after this, on exposure to accidental cold, the swelling of her abdomen was very considerably increased; and as, at this time, her belly was rather bound, the squill-pills were omitted, and the cream of tartar repeated in the form of electuary, conjoined with a small proportion of gamboge. This purged her briskly, and had soon the ef-

fect of diminishing somewhat the swelling; but, even after she had continued it for a considerable length of time, the swelling was by no means entirely removed. Upon this she was put on the use of a mixture, the basis of which was the *tinctura amara*. After the use of this mixture, there took place a considerable discharge of wind, in the way of flatus, and the swelling fell a little. It did not, however, entirely disappear. But as she continued, in other respects, in good health, and was no longer affected with the thirst, want of appetite, pain of her belly, scarcity of urine, or other symptoms which were most distressing at the time of admission, she was dismissed about the middle of March.

CASE

III.

A CUTANEOUS AFFECTION, treated by the external Application of Corrosive Sublimate, terminating successfully.

G—— **B**——, aged eight years, admitted the eighth of November, has over his whole face a red scaly eruption, of which there is also a little on the abdomen. This eruption is never painful nor itchy, unless when he stands before the fire, or is heated by any other means. At present it is dry; but the eruption on his face often discharges matter. Pulse and belly natural; and, in other respects, he is free from complaint.

This eruption is of nine months standing; and no cause is assigned for it, except that of sleeping in the bed with a person, about two years before, who was afflicted with similar eruptions.

He has used a blister and some other medicines, but his parents do not know what

what they were. From these, however, he has obtained no relief. *Capiat antimonii præparati scrupulum unum omni mane et vespere.*

November 16. The powders sit easily on his stomach; and the eruption on his face continues much as before, without any fresh discharge of matter. *Repetatur dos antimonii ter indies; et*

R. Mercurii corrosivi sublimati grana duo.

Solve in aquæ unciis quatuor; dein adde spiritus lavendulæ compositi unciam unam.

M. f. solutio, qua accuratè laventur partes affectæ omni nocte.

November 23. He continues the powders without any inconvenience, and without any sensible operation. The eruption on his face is very considerably diminished since he began to wash it with the solution; but, from some particular spots, there is now a slight discharge of matter. Pulse and belly natural. *Continuentur medicamenta, et capiat cras mane salis Glauberi drachmas sex, ex aquæ ferventis unciis octo, more solito.*

November

November 30. The salts operated well, and the eruption on his face is now considerably diminished. At present it discharges very little. *Repetatur dosis salis Glauberi, ut antea, cras mane; et continuentur alia medicamenta.*

OBSERVATIONS delivered December 7.

This patient is subjected to a disease, which is by no means a rare occurrence in practice; and it is farther a complaint, almost all the symptoms of which are obvious to the senses. Yet, in my opinion, there is a considerable difficulty in affixing a proper name to it. And, indeed, this is an observation which applies to cutaneous affections in general: for to this tribe of diseases the case of our present patient is manifestly to be referred. I cannot help thinking, that cutaneous diseases are not hitherto distinguished with sufficient accuracy, either by nosological or practical writers. Some, indeed, have multiplied the species to a very great extent.

tent. But, from their description, it is often impossible to say to which any particular instance can be referred.

It would, I apprehend, be of great consequence in practice, could distinct genera of these be formed, especially if they could be distinguished according to the causes from which they proceed. And probably, on this footing, all of them might be referred to one of four heads; either to a morbid condition of the general mass of fluids; a morbid affection of the cutaneous vessels; a depraved secretion by the sebaceous glands of the skin; or a morbid affection of the bulbs of the hair. These I take to be the general causes of the greater part of cutaneous affections; and as the disease proceeds from one or other of these, the cure is, in many respects, varied. If, therefore, proper marks could be discovered for distinguishing these from each other, I should consider it as a matter of importance. But such marks, I apprehend, have not hitherto been pointed out; and we can only form uncertain conjectures from

from the appearance, and other circumstances.

All such affections as the present, are, in this part of Britain at least, vulgarly known by the name of the Scurvy. But this term, as employed by medical writers of science, is used to express an affection of a very different nature. And, among all the chronical cutaneous affections, if we exclude the itch and tinea capitis, I know but two genera distinctly marked. These are lepra and herpes. To one or other of these genera, I must own, that, in common language, I am disposed to refer every case. At the same time, there is, in some instances, such a manifest difference, that I am satisfied the genera should be more numerous, provided they could be properly distinguished. The limits, however, even between the two genera which we have already mentioned, are often so nice, that it is frequently very difficult to say to which genus a particular case ought to be referred. Upon the whole, however, I rank under the head of herpes, those

those instances where there is the greatest inflammation, the most considerable watery discharge, and the least scaly appearance; and I refer to the head of lepra, those instances in which there is little or no obvious inflammation, little rising above the skin, but where the parts affected are covered with a white scaly matter.

On these grounds, then, I am led to consider the present instance as an example of herpes; and I look upon it to proceed more from the state of the cutaneous vessels at the part, than from any other cause. How far this disease, as the patients parents suspect, may have derived its origin from his having slept in the bed with one affected with a similar complaint, I cannot pretend to say. I must, however, own, that I am rather inclined to suspect the contrary, although I am by no means so clear in this sentiment as to draw any positive conclusion. The distance of time at which it occurred, from that when he slept with the affected person, is indeed a strong objection to it. Yet, were there even
much

much more certain evidence of its not being infectious, very intimate connection, in all such cases, is unquestionably to be avoided.

But whether we suppose the disease of the present patient to have arisen from this, or from any other cause, such suppositions will have little effect either on the prognosis or plan of cure. For our judgement respecting these, must now be entirely rested on the present state of the patient's disease. And here I must own, that, in giving a judgment respecting the probable termination of this affection, I cannot be very positive. I am, however, disposed to hope, that we may be able to cure this affection, and that our patient may yet recover perfect health. It is much in his favour, that his disease, comparatively speaking, is not of long duration; that it has, on different occasions, had the appearance of yielding somewhat to medicines which have been used; that there is no reason to suspect its being a hereditary affection; and that this

patient

patient is yet at an early period of life. From all these particulars, there is greater reason to hope for success than there would be, in contrary circumstances. But, should we even be disappointed in accomplishing a cure, I do not apprehend much danger from this complaint; and I am disposed to think, that, from continuance, it would rather be troublesome than fatal.

With respect to the cure, it is here to be remarked, that attempts to this purpose are not altogether without danger. It is well known, that the greatest evils have sometimes been attributed to the repulsion, as it has been called, of eruptions: and when, by these, the system has long been accustomed to an habitual discharge, or to a particular mode of circulation, it is easy to see why this should be the case. It necessarily becomes an object in the cure, therefore, that, while we endeavour to remove this affection, we do not induce one more dangerous; and especially, as such a consequence is chiefly to be dreaded from the most effectual mode of cure. It is

is from this consideration that I have put our patient, not merely on the use of one medicine, but of several.

I consider the present disease to be chiefly produced by the state of the vessels at the part; and, for the removal of it, I place the principal confidence in the mercurial lotion. This, I expect, will operate, in consequence of the peculiar stimulating power which it exerts on the vessels to which it is applied. But if by this means there should be a sudden restoration to a sound state, it is necessarily followed by a considerable change in the balance of circulation, and at the same time with the retention of matter which before used to be discharged. Hence there are instances where it has given rise to apoplexy, dropy, or other dangerous affections. To avoid any hazard of these, while an attempt is made to cure the eruption by external means, I wish to increase the discharge by other outlets. It is with this view that I have put him on the use of crude antimony, a medicine which I have

often employed, and I think with success, against cutaneous affections; and which probably operates, by giving a permanent increase of discharge from the surface. It is, farther, with the intention of producing a discharge from the system, that I have repeatedly exhibited refrigerant purgatives. From these we obtain, although a less permanent, yet a more certain and more immediate discharge. And by these means I hope to avoid any dangerous consequences which might otherwise result from the external application of the mercury.

By continuing this course for a proper length of time, I am hopeful that this patient may be perfectly recovered. And perhaps, in the treatment of the case, nothing farther will be requisite, than to increase the strength of the solution, or otherwise regulate the medicine, according to circumstances. If, however, it shall be found ineffectual, we may try, both externally and internally, medicines of different kinds. And, if the disease proves obstinate, I have thoughts of putting this patient

patient on the use of the vitriolic acid; a medicine, which, of late, has been particularly recommended for the cure of Psora. I am told, that the efficacy of it has been fully confirmed, both in cases of the scabies sicca and humida, by that able physician, Doctor Baldinger of Goettingen. I have myself tried it in some instances of herpetic eruptions, and I think with success. And if, after the failure of the present plan, it shall succeed in the instance before us, I shall, I own, have a higher opinion of it than ever. If the vitriolic acid fails from internal use, I have thoughts of trying it externally; for, when conjoined with hogs lard, it forms a very useful ointment. This, indeed, I have had but few opportunities of using; yet I am inclined to think, that it will be found to possess some advantages over the sulphur ointments, and that it will be productive of the best effects in many different cases*.

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* The *Unguentum Vitriolicum* used at the Edinburgh Dispensary is prepared according to the following formula.

R. *Acidi vitriolici* ʒi. *Axungia porcina* ʒi. *Terentur optime simul.*

SEQUEL.

FROM the use of the solution of corrosive externally, and of the antimony internally, with the repetition of the salts at proper intervals, the eruption on his face continued gradually to decline; but soon after, a dry scaly eruption, of a similar nature, appeared on the hairy scalp. After shaving the head, this was treated with an external application, nearly of a similar nature, the corrosive being applied in the form of ointment. To this it soon yielded. His recovery, however, after this, was not uniform; for when the eruption on his head disappeared, that on his face returned to a very considerable degree; and it even extended to different parts on the trunk of his body. But, by persisting in the use of the remedies already mentioned, it was at last entirely overcome; and, on the first of March, he was dismissed free from complaints.

IV.

A RHEUMATIC AFFECTION, cured by the Use of the Elixir Guajacinum Volatile.

S— M—, aged 42, admitted November 11. 1776, a married woman, of a brown complexion and low stature, is affected with severe pains in the hip, knee, and ankle-joints, particularly of the right side. These pains are so violent on motion, that she is unable to walk; neither can she stand upright. They are particularly severe when she begins to grow warm in bed.

The parts affected are not in the least degree inflamed, or sore to the touch, but are always painful on any motion of the joint. Pulse 96; belly regular; appetite impaired; but she does not complain of thirst. Her menses are regular, and are at present flowing.

The pain in her joints first seized her six months ago. It was then attended with

heat and redness in the parts, which disappeared soon after the application of a blister, and blood-letting by means of leeches. She now complains of a sense of coldness in the ankle and foot chiefly affected.

She imputes her complaints to sudden exposure to cold, by stepping from a vessel of tepid water into a running stream. She has used no other medicines but those mentioned above. *Capiat elixir guajacini volatilis semunciam omni nocte, hora somni, ex quovis vehiculo.*

December 14. She has continued the use of the elixir regularly since it was first ordered. Her pains are much relieved since she began it. She is now free from the excruciating uneasiness on going to bed; and she can walk with tolerable ease, so that she has been able to come to the Dispensary on foot from a considerable distance.

*R. Elixir guajacini volatilis, uncias duas.
Mucilaginis gummi Arabici,*

Syrupus

Syrupi simplicis, singulorum unciam unam.

M. capiat semunciam omni nocte.

December 21. She continues to walk with much more ease; but is still affected with pain in her back, which is most severe during the night. *Continuetur mixtura ut ntae.*

OBSERVATIONS delivered December 23.

In the case of this patient, we are presented with an affection which does not seem to be of a complicated nature; and it is, at the same time, one with regard to which there can be very little room for doubt. It can hardly be matter of hesitation, that the pains to which this patient is subjected, are of the rheumatic kind. Her affection, however, by no means corresponds with the definition of *rheumatismus*, as given by nosological writers: for this patient is not only at present entirely free from most of the symptoms of pyrexia, but has been so ever since she came under our care.

In this disease, however, it is universally

allowed, that there are two very different states. These are well known by the names of *acute* and *chronic* rheumatism. How far this affection, in the two different states I have mentioned, should really have different generic names, I cannot pretend to say; I apprehend, however, that, in the nature of the two, there is a very considerable diversity; yet, notwithstanding this, in many particulars they are very strictly connected.

I would be far from pretending to assert, that a rheumatic affection, of the chronical kind, never takes place without preceding acute rheumatism; and there are unquestionably many instances of this latter disease, which are never succeeded by any chronical affection. The most common case, however, is, that they are connected, and that the one is a sequel of the other. This appears to have happened in the instance before us; at least we may infer so, from the swelling and inflammation with which the pain was at first attended.

But, whatever might be the first state of this affection, there can be little doubt with regard to its condition at the time when this patient came under our care; and perhaps as little that her disease derived its origin from the cause which she assigns for it; that is, the sudden change of temperature, by passing from warm to cold water. Such sudden exposure to cold is the cause of various morbid affections. Sometimes it induces one disease, sometimes another. These varieties are probably to be ascribed to peculiar weakness of the parts, or some similar cause: but of all affections, the most common which it induces are of the rheumatic kind. And this effect it has evidently had in the instance before us.

With regard to the termination of this disease, there is, I think, no reason to apprehend fatal consequences. And we may remark, that rheumatism, even in its acute state, is one of those affections which is more painful than dangerous. Sometimes, indeed, chronic rheumatism has

has a fatal termination, by inducing other affections; and, from the long continuance of pain, with the want of exercise, the constitution will at last be broken. With our patient, however, it has neither been of such duration, nor so violent, that any thing of this kind is to be dreaded. On the other hand, I would hope, that the progress towards cure, which has already been begun, may be continued; and that this patient may, in no long time, be restored to tolerable health. On such a termination, however, we can by no means, with certainty, depend: and it must be observed, that this patient will now be much more subject to a renewal of her complaints, from trifling accidents, than if she had never before been affected with rheumatism.

The plan of cure to be followed in all affections obtaining the name of chronic rheumatism, is by no means the same: and, indeed, the probability is, that the disease, in its nature, admits of very considerable variety. Chronic rheumatism, in
its

its most pure state, probably depends on an atonic condition of the parts induced by preceding inflammation. Often, however, it happens, that this state is complicated with some degree of remaining inflammation. It is chiefly in the first of these conditions, that benefit is derived from tonics, strictly so called; such, for example, as cold bathing, and the Peruvian bark. In the latter case, however, these remedies are inadmissible, and would even be prejudicial. Nor, on the other hand, is the affection during its intermediate state, or what may be called the stage of irritability, to be treated as in acute rheumatism, by bleeding and sweating. Such means of cure might, indeed, tend to remove remaining inflammation; yet, by these, the atonic state would be aggravated. It is in such instances that the greatest benefit is, I apprehend, to be reaped from the use of mercury and electricity; and from the remedy which we have all along used with this patient, the volatile elixir of guaiacum. These remedies,

dies, while to a certain extent they act as evacuants, are also stimulants; and in this way, probably, they have influence, as overcoming the tendency to both affections, the atonic condition, and the inflammation.

Of this intermediate kind I suppose the case of our present patient to be, and I thought it a proper instance for the use of the guaiacum. This medicine has long been employed both against rheumatic and arthritic complaints, and it has been given in many different forms. There can be no doubt that the activity of guaiacum depends on a gummy, or rather a resinous substance, which the wood contains. This gum has sometimes been exhibited in substance, sometimes in watery solution, and in both ways it has been attended with good effects; but, of all the forms under which it can be used, that which is at present most frequently employed, is the volatile tincture, or what we may consider as nearly the same thing, the volatile elixir of the Edinburgh Pharmacopœia.

macopœia. The volatile elixir has, of late, been rendered very fashionable in the rheumatic affections, by the publication of Dr Dawson, intitled, *Cases in the acute rheumatism and the gout*. Although, in this treatise, the author has not treated me with all the lenity I could have wished, yet I can have no hesitation in recommending it to your perusal; and I have at least the satisfaction to think, that if, in some respects, he differs in opinion from me, he has treated more eminent names with much greater severity.

Doctor Dawson, affecting to despise all theory, although, at the same time, you will find that he has himself employed not a little of it in the book I have mentioned, recommends the volatile tincture of guaiac, of the London Pharmacopœia, as an almost infallible remedy in cases both of rheumatism and gout; and he directs it to the quantity of at least half an ounce for a dose, either merely diluted with water, or in the form of a draught. This remedy, since I read Doctor Dawson's cases,

cases, I have often employed, and sometimes I think it has been of very considerable advantage. At the same time, from any experience which I have had, I can by no means consider it as entitled to the very high character which he has given it; and, in recent rheumatic cases, I have sometimes been suspicious that it had really a bad effect. In the present instance, I employed the volatile elixir of guaiacum of the Edinburgh Pharmacopœia, which differs very little from the volatile tincture of the London College; in the first, the *spiritus salis ammoniaci vinosus* being employed as a menstruum; in the last, the *spiritus volatilis aromaticus*. This medicine, in the case of which we now treat, seems to me to have been very useful; and I have not met with any case, in my practice, in which I think it has done more. I shall be happy to find that its reputation is confirmed by farther experience.

While this patient continues to recover, I shall not think of changing her medicine;

cine; and, should her symptoms even become more violent, I will probably only be led either to increase the dose, or to alter the form. I began the treatment of this case, by giving Doctor Dawson's common dose, half an ounce of the medicine: as, however, after the continuance of it for some time, our patient was very considerably relieved, I have since diminished the quantity, by giving her the volatile elixir of guaiacum combined with other fluids; and if she continues easy, I may, perhaps, in a short time, lay aside the guaiacum altogether, to try how she will do without it. But, as I wish to see how far a cure can be effected by this medicine alone, I shall not, unless from necessity, think of employing any other active substance, either externally or internally. I am in hopes that no other remedy will be necessary; or at least, that we will only need to direct, with the use of the present remedy, such cloathing and regimen adapted to the disease, as the situation of our patient will afford.

But,

But if these measures should, in the end, be found ineffectual, I have thoughts of trying this patient with electricity. Electricity is one of those remedies which I formerly pointed out as suited to rheumatism, in its progress to the atonic state. And indeed it is the opinion of some very able physicians, that, between chronic rheumatism and palsy, there is a very great affinity. In the latter of these affections, however, electricity has long been highly celebrated; hence there is reason to hope, that it may be of considerable service in the former. I must own, I am inclined to consider it as a remedy of greater powers, and more extensively useful, than is commonly imagined. In such a case as the present, I should chiefly expect success by drawing electrical sparks from the part affected, or by giving slight shocks, from forming a communication between the positive and negative sides of the jar, by chains leading to the patient's thigh and ankle.

Should the electricity also be found unsuccessful,

successful, some benefit might, I think, be reaped from different external applications. And, on the recommendation of a gentleman, of whose accuracy in observation I have a high opinion, I have thoughts of trying an ointment formed by uniting a small proportion of the vitriolic acid with hogs-lard. I have, on different occasions, suggested the use of such an ointment against cutaneous affections; but the gentleman to whom I allude informs me, that he has often used it with success in rheumatism, which he imagines is to be ascribed to its operating as one of the *rubefacientia*.

To these remedies we may probably add the use of the Peruvian bark: and, before the trials which we have already proposed be made, it will, I imagine, be less exceptionable than it would be at present.

Continuation of the REPORTS.

December 28. Her pains continue much easier; but, since last report, there has oc-

curred a slight ulceration on the back-part of her leg. *Continuetur mixtura ut antea; et aliquantum linimenti cerei parti cruris affectæ imponatur.*

January 14. The ulceration of her leg, mentioned in the last report, is now heal; but a slight ulceration has appeared at another part. She has had some return of pain in her left thigh and left arm; but the right thigh, which was formerly so much affected, continues easy. *Continuentur medicamenta.*

January 25. She is free from all her pains, and the ulceration is entirely heal. Let her be dismissed.

OBSERVATIONS *delivered February 1.*

Of the disease of this patient, after what has already been said, little now remains to be observed. During the whole course of her affection, I have had no reason to alter either my opinion or my practice. Except the slight ulceration in her leg, which occurred towards the conclusion of her

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her disease, she has had merely a continuance of the symptoms mentioned in the case; and these ulcerations, which were entirely superficial, were hardly an object meriting attention. The progress to recovery here has, upon the whole, been more regular than I expected. Our prediction, therefore, that in no long time she would enjoy tolerable health, has at least been fulfilled. How far our assertion that she might again be subjected to a renewal of her complaint shall appear to be well founded, yet remains to be determined. I shall not be displeased to learn, that, in this respect, our fears are found to be groundless.

After what we have already said respecting the plan of cure, nothing is now to be added. Viewing the case to be one, in which, with a disposition to the atonic state, there were yet some remains of inflammatory diathesis, I thought of trying a medicine, which, in some degree, combined stimulating and tonic powers: and it was with this intention that I had re-

course to the elixir of guaiacum. And although I have often before employed this medicine, I think with good effect, yet, after the termination of this case, I may, even more positively than formerly, assert, that I have used it in no case in which it has been productive of so good effects as in the present. At the time when our patient began the use of it, her pains were so violent, particularly on one side, that she was unable either to stand or walk; and they were increased with so much severity on her going to bed, that she was often deprived of rest during the night. From the time that she began the elixir, her complaints were much alleviated; and I persisted in it without employing any other medicine, till she was so easy that I reckoned it unnecessary for her to continue her attendance. She was then dismissed, after exhibiting to us, in my opinion, no weak proof of the effects of guaiacum, in this formula, against rheumatism in a particular state.

In this state, as I formerly remarked, I employed

employed the elixir guajacinum volatile: but, should another case similar to this occur to us, I intend somewhat to vary the prescription; and, in place of the volatile, to use the simple elixir. By this we may be able to determine how far the powers of the medicine are to be ascribed to the guaiacum itself; for I must observe, that I consider large doses of the present formula as liable to some objections. From the heat and pungency of the menstruum, we cannot venture to employ it undiluted; and when any watery addition is made, a precipitation of the guaiacum is the necessary consequence. With the simple elixir, the menstruum, which is rectified spirit, would not require dilution, even when given to a greater extent than half an ounce; and the guaiacum itself may be supposed to be in nearly the same condition in this as in the volatile elixir.

V.

*A Case of CHRONICAL CATARRH relieved
by the use of Squills and an Issue.*

E—— B——, a shoemaker, in the 48th year of his age, admitted November 11. 1776, complains of frequent and troublesome cough, attended with copious and viscid expectoration, especially in the morning. He has a sense of weight and coldness in the præcordia; his respiration is somewhat difficult; tongue clean and moist; appetite natural; belly bound; skin cool; pulse 84.

This cough first came on about twelve years ago; and, during the winter season, it has been generally aggravated. He knows no particular cause to which his disease can be ascribed. He has used several remedies, particularly some squill-pills; which had the effect of opening his belly, and relieving the difficulty of breathing,

Capiat

Capiat hora septima vespertina pulveris ipecacuanhæ scrupulum unum; nec non omni nocte, sub horam somni, pilularum scilliticarum grana quinque sumat.*

December 7. The vomit operated well; but he was not sensible that it had any influence, either in relieving his cough or difficulty of breathing. He continued the pills regularly for a considerable time after they were ordered, and they had the effect of rendering both his cough and breathing easier; but he has taken none of the pills for some days past, since which time these

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* In the sixth edition of the Edinburgh Pharmacopœia there was no formula for the preparation of squill-pills. These here used, therefore, were prepared in the following manner, according to the fifth edition.

R. Gummi ammoniaci,

Scillæ recentis, ana semunciam.

Contunde simul in mortario marmorio; dein adde Cardamomi minoris triti semunciam,

ut fiat massa pilularis, addendo, si opus est,

Balsami Copaibæ q. s.

In the seventh edition of our pharmacopœia, besides other alterations, the powder of dry squills is now substituted to the recent root, which unquestionably furnishes a more steady and efficacious medicine.

symptoms are again more severe. *Continuentur pilulæ scilliticæ ut antea, et applicetur vesicatorium nuchæ, deinde imponatur unguentum epispasticum ut fiat fonticulus.*

December 14. His cough was somewhat easier for a few days after the application of the blister, from which there was a very copious discharge; but it has been rather more troublesome to him since the discharge has been somewhat diminished. *Continuentur fonticulus et pilulæ ut antea.*

December 21. There has been a copious discharge from the issue since last report, and his cough and breathing have been somewhat easier. *Continuentur medicamenta.*

OBSERVATIONS delivered December 23.

THE disease to which this patient is subjected is very distinctly marked; and at the same time it is an affection which is not less frequent in this country than it is troublesome and obstinate. As existing with different degrees of severity, there is some variety in the appearance of it; and from

from this circumstance it has obtained different names, not only among the vulgar, but also among men of science. Thus, there are some who would refer the disease of our present patient to the head of cough; for, by the greatest part of nosological writers, tussis is considered as a proper genus of disease. There are others who, from the difficulty of breathing which here takes place, would refer it to the genus of asthma, particularly to that species which is termed the humid asthma. By a third set it would be referred to the head of dyspnœa, and would be considered as an example of that species which Dr Cullen has termed *Dyspnœa catarrhalis*. In my opinion, however, all these appellations are improper; and I imagine that this, and similar cases, of which we have at present several under our care, are to be referred to the genus of catarrh.

It must indeed be allowed, that the symptoms of the case before us do not correspond to the definition of catarrh as given by several authors, and particularly
by

by those who refer catarrh to the general class of pyrexia, or febrile affections. I cannot help thinking, however, that this arrangement is exceptionable. And if we consider the order of profluvia as constituted merely by a morbid increase of natural discharges from the body, they form an association of diseases, among which there is a great natural affinity. In this sense, the profluvia either may or may not be attended with fever. When, however, fever does occur, it is not to be considered as an essential, but merely as an accidental symptom. To the order of profluvia thus defined, I would refer catarrh, as being an affection, the essential part of which consists in an increase of the mucous discharge from the glands or follicles situated in the membrana mucosa Schneideri, particularly in that part of it which lines the lungs.

There is indeed one disease commonly reckoned a species of catarrh, which may be considered as a strong objection to this definition and method of arranging it. What I allude to, is that contagious affection
known

known by the title of the influenza, or epidemical catarrh, which, at several different periods, has been observed to be propagated over all Europe. Of that disease fever is probably a necessary part. It is, however, an affection, which in its nature has no essential agreement with catarrh from cold. It certainly depends upon a peculiar febrile infection; and ought to be considered as having no more analogy with catarrh from cold, than the small-pox has with those cutaneous eruptions which, in external appearance, most nearly resemble it.

Having premised these observations respecting the nosology of catarrh, it follows, that, on the view now given of it, we may, without hesitation, refer the case of our present patient to that genus. In the case before us, the disease is sufficiently characterised by the copious viscid expectoration. For there can be little doubt, that the troublesome cough is merely the consequence of the accumulation of this matter in

in the ramifications and vesicles of the bronchia.

Here, however, it will naturally occur, as a second question, how far the genus which we have now defined consists of different species, and to which of these species the present case is to be referred. I must own, that I am one of those who reckon the multiplication of the species comprehended under genera to be both unnecessary and improper. It is indeed true, that the cure applicable to any particular genus, is by no means suited to all the species falling under it; but, neither will the cure of species always answer for the treatment of varieties; and, in actual practice, the cure employed in any particular case ought to be adapted to its peculiarities. I apprehend, therefore, that genera ought only to be subdivided when there is a manifest and considerable difference, particularly in teaching medicine.

In the present affection, there are two conditions between which a distinction is requisite; that is, whether the disease occurs

curs as an acute or chronical affection. In the first of these cases, it appears as the almost immediate effect of a particular accident; it is attended with considerable fever; and, in no long time, it terminates either in health or in some other affection. Of all affections the most common sequelæ of it are, either phthisis pulmonalis or chronical catarrh. Any observations on the former of these diseases would be here out of place; but the case before us naturally leads us to the consideration of the latter.

By chronic catarrh, I understand an increased secretion of mucus in the lungs, without fever, and most commonly without any degree of inflammation. This disease, as I have already observed, is both common and troublesome; and as being such, it has naturally claimed the attention of practical writers. They have commonly distinguished it by the title of *catarrhus senilis*; and, in defence of the propriety of the name, it cannot be denied that it is chiefly a disease of old people; yet, as it sometimes occurs at an early period

riod of life, I consider the term *chronic* to be less exceptionable: and, indeed, it could hardly with propriety be termed *senilis* even with our present patient, a man not yet fifty years of age. It is from these different considerations, then, that to the disease of this patient I give the name of *chronic catarrh*.

This affection is one of those which has often a fatal termination; but, for the most part, it is not suddenly fatal: and it rather induces death by wearing out the constitution, than in any other manner; although in some instances, indeed, patients are cut off by it from immediate suffocation. With our present patient, it has not gone to such a height as to give much reason to apprehend this; and our patient's strength is but little impaired. To all this we may add, that he has not yet arrived at a very advanced period of life; hence there are some grounds for hoping even for a complete recovery. It is, however, more probable, that we will not be able entirely to rid our patient of his disease;

eafe; but that he will, as formerly, continue to be more or less affected with it during the winter-season. I hope, however, that, under proper treatment, his complaints may at least be alleviated, particularly if his situation at home be such as will co-operate with our measures.

In this affection, in general, I imagine, that the great object which is to be aimed at in the cure, is to restore the secretion, by the lungs, to its natural state; and the best way of effecting this, is, by diminishing the determination of the blood to the lungs. Hence it becomes no less necessary to avoid causes promoting determination there, than to use such means as will increase the flow of blood to other parts. Of all causes determining blood to the viscera in general, perhaps the most considerable is the application of cold to the surface of the body; and hence it is that the disease of which we now treat is universally allowed to be worst during the winter-months. And it is one of those affections in which it is of the highest utility

utility to pass the winter in a warm climate. With patients where that mode of cure is unattainable, cold is particularly to be guarded against by proper cloathing and comfortable lodging, as by these means uniform circulation is chiefly to be supported.

But, besides this, the determination to the breast will also be diminished by all those measures which increase the flow of blood to neighbouring parts: and with this view, nothing has a better, or more permanent effect, than some drain from the body, under the form of issue or seton. With nearly a similar intention, also, emetics are often useful. These have particular influence in giving powerful determination to the surface: yet it must be allowed, that this determination is not permanent; and, in this disease, they are perhaps still farther serviceable from another principle. The distressing symptoms which here take place, although ultimately the consequence of an increased secretion of mucus, are yet to be considered as immediately

diately proceeding from the accumulation of this mucus in those canals and receptacles which are provided for air. Hence considerable relief may be derived from all those means of cure which serve immediately to unload the breast, by promoting expectoration; and, with this intention, there is perhaps no remedy more serviceable than emetics.

Emetics, however, at the utmost, can be repeated only at certain intervals; hence, it should be our endeavour to obtain relief from something productive of the same effect, the use of which can be more uniformly persisted in. With this view, if there be in reality any remedies which, by entering the circulation, and in this manner reaching the lungs, produce a tendency to excretion, we should naturally think of employing these. Some, indeed, are disposed to deny that any such medicines exist; but I must own, that I cannot help entertaining, on this subject, a very different opinion. I can see no more difficulty in supposing it possible, that the

effects of a remedy, entering the circulation, should appear at the excretory or secretory organs, by the breast, than by the kidneys or salivary glands. That an action on the two latter takes place, is undeniable; and, for my own part, I am convinced that with respect to the former also it is confirmed by observation. This effect is particularly observable from the use of many of those very substances which, after their introduction into the circulation, show their influence on the kidneys; such, for instance, as squills. Such remedies, indeed, may, in the present affection, be supposed to have a bad effect, as far as they tend to increase secretion; but this is more than counterbalanced by their giving an additional stimulus to excretion, and by this means unloading the lungs.

While these medicines aid expectoration, they seem also to produce a change on the state of the matter expectorated; for, after their use, it manifestly appears of a consistence less viscid and less tenacious than before. This, probably, is not the effect
of

of any alteration on the state of the mucus, as it is secreted; but it happens merely from excretion occurring before the mucus has, in consequence of stagnation, acquired any great viscosity. Thus, then, although such remedies can be considered as having but little tendency to produce a radical cure, yet they are of considerable service as alleviating the disease.

On these general principles I have begun, and mean to conduct, our practice, in the case before us; and the observations which have now been offered, will fully explain to you the intentions which I have in view in having recourse to an issue, to the squill-pills, and to repeated emetics. In the use of the two former, I mean uniformly to persist for some length of time; but the latter will be used only occasionally, when, from much difficulty of breathing, there is reason to suspect that a considerable quantity of mucus is accumulated in the breast. I hope, therefore, that if the other remedies have the effect to be wished for, these will be less necessary.

In the future management of this case, we may possibly be induced to change the drain to a different situation, or to a different form; and, with the squills, we may conjoin *asa foetida*. But, such changes excepted, we will probably make no other alteration in the treatment of this case, unless from circumstances of the disease with which we are at present unacquainted.

SEQUEL.

UNDER the course mentioned, the severity of this patient's complaints was somewhat relieved; but, as he complained much of pain from his issue, the situation of it was first changed, and afterwards it was entirely discontinued. Notwithstanding the use of the squill-pills, he became much affected with costiveness, which was obviated by the use of cream of tartar. But although by these measures the severity of his disease was alleviated, yet it continued to distress him much during the whole winter; and, about the end of May, when
his

his attendance at the Dispensary was discontinued, the presumption is, that the relief which he obtained proceeded more from the change of the season, than from the influence of the medicines which were employed.

VI.

An AFFECTION of the LIVER, treated by Mercurial Medicines.

J— F—, in the fifty-eighth year of his age, admitted November 20. 1776, is by trade a chairman, and naturally of a robust make. In the right hypochondrium, a considerable tumour may be felt, extending to the umbilical region. This tumour gives him little uneasiness, even on pressure; but he is affected with constant tickling cough, and his respiration is somewhat difficult. He has some thirst; his appetite is considerably impaired; and he sleeps ill on account of the cough. Pulse 104; belly regular; tongue white

and moist; urine natural, both in colour and quantity.

About two years ago the swelling was first perceived, and it has since gradually increased. With the cough he has been affected for nearly the same length of time. In June last he was seized with a vomiting of blood; which left him, after continuing about a month. He has discharged blood by stool for above two years past, at intervals of two or three months; and about a year ago he was affected with severe griping pains in his bowels: these, however, were relieved by the vomiting of blood which soon afterwards succeeded, and of late they have been much less severe.

He can assign no cause for his disease; he has used many medicines with little relief. Some time ago, he drank the purgative mineral water at Piteathly, which, he says, in some measure relieved the pains in his bowels.

R. Unguenti mercurialis unciam unam,

Campboræ grana decem;

Terantur

Terantur optime simul, ut fiat unguentum.

Hoc inungatur tumor abdominis omni nocte, et singulis vicibus scrupulus unus adhibeatur.

November 23. He thinks that the tumour in his abdomen is less painful to the touch since he began the ointment. He has had no bloody discharge by stool; but his other symptoms continue nearly in the same state as before, and the cough is very troublesome.

R. *Hydragryri granum unum,*

Conservæ fructus cynosbati drachmam dimidiam.

Terantur optime simul ad perfectam globulorum extinctionem, ut fiat bolus hora somni sumendus.

Repetatur dosis alternis noctibus.

November 30. He has continued the ointment, and taken three boluses, without their producing any inconvenience. He still thinks the pain of the tumour somewhat diminished, and he has had no return of the bloody stools. *Continuetur unguentum, et repetatur bolus tertia quaque nocte.*

December 7. He has taken his medicines as directed, and has felt some slight foreness in his gums for these three days past. He thinks that the pain from the tumour in his abdomen is still less than formerly, but the swelling is nothing diminished. *Omittantur boli, continuetur unguentum, et capiat pilularum thebaicarum grana decem alternis noctibus.*

December 14. He thinks his cough somewhat easier since he began the pills; and he has had no farther return of the bloody discharge by stool. The pain in his abdomen continues easier, and he thinks that the swelling is somewhat fallen. *Continuentur medicamenta; et repetatur bolus ut antea, alterna quaque nocte.*

December 21. He is again at times sensible of a copper taste in his mouth since the boluses were repeated, but without any spitting. His cough, and the difficulty of breathing, have been very uneasy for some days past. *Continuentur medicamenta.*

OBSERVATIONS *delivered December 23.*

The case of this patient is one, with regard to which I am not altogether without difficulty; and I expect to have still greater difficulty in the conduct of the cure, than in ascertaining the nature of the disease.

The symptoms with which this patient is at present affected, are few in number; and of these the greatest part are obvious to the senses. Here the first and most important question which naturally presents itself, respects the swelling in his abdomen. From the equable nature of this, we may conclude, that it depends upon an affection of some of the abdominal viscera, and we can suspect no viscus with greater probability than the liver. It is well known, that affections of this viscus are very common; and although, on some occasions, such affections will continue for life without inconvenience, yet in other cases they are attended with the most serious consequences.

This

This affection of the liver, then, I would consider as the most essential part of our patient's disease; and it may even be a question, how far it is not to be considered as the cause of all of them. The other complaints which at present distress him most, are cough and difficult respiration. These may either depend on a catarrhal affection, or they may originate from a disease of the liver. It is here, however, to be observed, that the cough with which our patient is affected, is, in some respects, different from that of chronical catarrh; and from its being, as is expressed in the history of the case, a constant tickling cough, we may conclude, that it does not depend on the stimulus from a quantity of viscid mucus. For when that is the case, the fits of coughing are not so frequent as they are severe; and it then very rarely happens, that a fit of coughing terminates without the expectoration of a considerable quantity of viscid mucus. I must therefore own, that I consider it to be the most probable suppo-

supposition, that both the cough and difficulty of respiration depend on the diseased state of the liver.

On what principle swelling and tumour of the liver should produce the difficulty of breathing, is sufficiently obvious. An enlargement of that viscus must necessarily prevent the free motion of the diaphragm, particularly when the body is in a recumbent posture; and on the motion of the diaphragm there can be no doubt that respiration principally depends. Nor is it very difficult to conceive how it should give rise to cough; for, from the very circumstance of preventing the free motion of the diaphragm, it will necessarily act, as giving irritation to the lungs. And in this manner we can account for the frequency of the cough without expectoration.

A late very eminent practitioner was disposed to refer to the liver the cause of many diseases; and, from those who have been his patients, nothing is more common than to hear of liver-coughs, liver-consumptions, and the like. Although I am
by

by no means disposed to consider its influence to be so extensive as some imagine, yet it would be equally groundless to deny that it may often be the cause of disease; and when, as in the present case, we have, even from the testimony of the senses, next to certain evidence of its being diseased, it naturally presents itself at least as the most probable cause of the affection.

After these remarks on the symptoms with which our patient is at present affected, it next deserves to be mentioned, that, since his complaints began, he has been affected with other symptoms, which, although they be not constant, have been observed to return at no very long intervals; and we have every reason to apprehend that he will be again subjected to them. What I allude to, is the bloody discharge both by vomiting and by stool, but particularly in the latter of these ways. With regard to this circumstance, also, there is ground for doubt. It either may or may not be connected with the fixed
af-

affection of his liver. It is certain, that tumour and scirrhusity of the liver very frequently occur without any such appearance; and it is equally certain, that blood may be discharged from the alimentary canal when it is derived from other sources. Most commonly, such bloody discharges happen from the vessels of the alimentary canal itself. Besides these circumstances, there is another particular which here creates farther doubt. The swelling of the liver is said to be only of two years duration, while we are told that this bloody discharge has taken place at intervals for a greater length of time.

When all these circumstances are taken together, I cannot venture to assert with confidence, that the bloody discharge does depend upon the disease of the liver. Yet, I must own, I am still disposed to consider it as not improbable that it is the origin of this affection also. There is great room for presuming, that the liver would be in a diseased condition a considerable time before there was any obvious swelling;

swelling; and, from first to last, it has never given any great pain. When to all this it is added that at present, there can be little doubt of its being in a diseased state, it is more reasonable to suspect it to be the cause of the symptoms, than to ascribe them to any other cause, even the existence of which is not certain. Blood from the vessels of the liver will find a ready access into the alimentary canal; and when it is derived from this source, there is a greater chance of its being discharged, both upwards and downwards, than from any other. It is well known that a discharge, both upwards and downwards, happens with regard to the fluid secreted by the liver; and, if bilious vomiting and purging be a common occurrence, a bloody discharge may also happen from the same origin. Upon the whole, then, I am disposed to look upon the disease of our present patient, to be what may be termed a liver-case.

Respecting the cause first inducing this affection, we are entirely in the dark. Our
 patient

patient himself does not ascribe his complaint to any particular occurrence. From this source, therefore, no light is thrown upon the nature of the disease, and any conjecture which can be formed from the circumstances of our patient's employment must be very uncertain. Yet, when we reflect on his occupation in life, that of a chairman, we are naturally led to conclude, that he has been exposed to very strong occasional causes of disease. Perhaps there is no employment from which there occurs exposure to greater vicissitudes of heat and of cold; and accordingly, although none are capable of undertaking this business but those of the stoutest and strongest make, yet their lives are reckoned very bad ones, by those who have attended to calculations of that kind. We may presume, therefore, that this had some share in producing the present affection: and it is not impossible that it may have been aided also by the too frequent use of spirituous liquors; for, while the circumstances of the profession which

we

we have mentioned naturally lead to the use of spirits, dram-drinking is, at the same time, known to be a very powerful cause inducing affections of the liver.

But any supposition which may be entertained respecting the origin of the disease, will now very little influence our judgment with regard to the prognosis. In the present case, I must own, I can form no very favourable opinion. His complaints, indeed, are not at present very urgent; and the symptom which is most urgent, the cough, is in reality the most inconsiderable. This may indeed distress him, but I do not consider it as dangerous; and although it is not perhaps to be entirely removed, while the cause of the complaint continues, yet it may admit of considerable alleviation. The swelling which is perceptible in his abdomen, will, in all probability, be more obstinate; and it may not merely resist all our attempts to remove it, but may yet terminate in suppuration, the patient being afterwards cut off by the *tabes hepatica*. I see no reason

son for imagining, however, that the progress in the present disease will be rapid; and if our patient chooses to give himself that chance which different medicines may afford, it will at least furnish us with an opportunity for the trial of these: yet, I must own, that I have but little expectation of being able to remove the affection.

With the view of combating that disease of the liver, which I take to be the great cause of our patient's present complaints, two great objects are to be aimed at; the removal of obstruction in that viscus, and the restoration of due circulation through it. We do not imagine, that, even by obtaining these ends, the swelling would be entirely removed; for the probability is, that, after the affection has been of so long standing, the solid parts are in some degree increased. Yet I think there is little doubt that the greater part of the swelling depends on impacted fluids; and that, by free circulation, these would be removed. At the same time, by the re-

H

storation

storation of free circulation, any farther bad consequences would be avoided.

Of all the remedies known by the general title of deobstruents, none perhaps has been held longer in high estimation than mercury; and we have the most incontestable evidence of its acting as a peculiar and yet powerful stimulus at particular parts, after its introduction into the general mass of circulating fluids. It is in the hope of obtaining this effect, that I have here put this patient on the use of it, both externally and internally. The first I intend not merely as a means of introducing mercury into the system, but in some degree as a topical application. It is with this view that I have conjoined it with a small proportion of camphor; and I hope that its influence, when rubbed upon the integuments, may in part be extended to the viscera; for I cannot help thinking, that I have seen instances of benefit from it, where there was equally little connection.

But should the friction have no influence

ence in this way, it is still an equally powerful means of introducing the mercury into the system, as friction on any other part. With this, however, I wished also to conjoin the internal use of mercury, as by this means there is both a greater certainty of its introduction, and the system will be sooner charged with mercury, than if we trusted to one mode only of introducing it.

I have ordered the mercury as rendered active merely by triture. In this state, there is the greatest chance of its being retained for some length of time in the system; and on this retention my hopes of success were chiefly founded. I have directed the triture to be made with the *conserva fructus cynosbati*, a substance which some imagine has a very powerful effect as extinguishing the mercury; but how far the supposition is well founded, I do not know.

By means of these, or other mercurials, it is my intention to keep this patient for some time on the verge of salivation. Not

that I imagine any benefit is here to be reaped from the discharge, but because I consider the discharge, or at least some affection of the gums, to be the only certain evidence we have that the mercury has entered the system.

Should this plan, after a proper trial, be found to fail, we may perhaps employ some of those deobstruents so highly recommended by Doctor Stork, particularly the cicuta or stramonium. I am far from thinking that these remedies are so highly efficacious as has been represented; yet I have no doubt that they do possess active powers, and that on some occasions they have had wonderfully good effects. In the present case, however, I should not be disappointed were these also to fail.

While we are thus prosecuting measures for a radical cure, the relief of urgent symptoms is not to be neglected. With that view, indeed, we have hitherto done but little; because, excepting the cough, there is nothing in this way very urgent. It is, however, with the view of alleviating
this,

this, that I have ordered the *pilulæ thebaicæ*. While these afford relief, I propose to continue them occasionally; or I may have recourse to other remedies, as demulcents or blisters. But while the cough with which he is affected continues to be merely of the tickling kind, I own I shall expect more from the opiate than from any other remedy. And I take the present to be one of those cases in which the *trochisci bechici cum opio*, a new formula of the Edinburgh Pharmacopœia, where the opium is supposed to act topically on the fauces, may be used with advantage.

SEQUEL.

THE use of the mercury was persisted in for some weeks. His cough continued to be less troublesome; he had no return of the bloody discharge by stool, and he thought that the swelling in his abdomen was somewhat diminished. In this state he discontinued the mercurial course, and no other remedy was tried.

VII.

*The History of a PETECHIAL ERUPTION
without Febrile Symptoms, terminating
successfully.*

J— **A**—, aged 11, has over her whole body small red spots, not raised above the surface of the skin, and neither sore nor painful. She has also on her forehead and arms, but particularly on the lower extremities, livid blotches having much the appearance of vibices. These are of different sizes; some of them as large as the surface of half-a-crown, others of a shilling. She sometimes complains of slight headach, and her gums have bled once or twice during these last three days. These bleedings have come on without any obvious accident; but the discharge has never been considerable. Belly regular; pulse natural; appetite good; tongue moist and clean; no thirst; skin cool.

The

The petechial spots were first observed about ten days ago, and the livid blotches about two days after. The number of these has gradually increased; and the bleedings first appeared three days ago.

She imputes the complaints to her having eat, about a month ago, a large quantity of the common small beans. Two days after this, she was affected with great lassitude, attended with shivering and coldness. These symptoms were soon succeeded by heat of her skin, headach, and vomiting; which last symptom continued for five or six days. She complained also of loss of appetite, and great thirst. During the first eight days after she was seized with these symptoms, she took two purgatives and two emetics. After the exhibition of the latter, the spontaneous vomiting ceased, and she recovered so far as to be able to go abroad on the 8th day after the accession of the fever. On Sunday last she took a third dose of physic, during the operation of which she discharged by stool a considerable quantity of blood; but

since that time, she has not passed any. *Capiat pulveris corticis Peruviani scrupulum unum ter indies ex quovis vehiculo.*

December 28. Has take the Peruvian bark regularly without any inconvenience. Many of the red spots, and several of the large blotches on her skin, have disappeared since last report: but others have appeared at different places; and several times she has had slight bleedings at the nose and mouth. Her appetite continues good; skin cool; pulse and belly natural. *Continuetur cortex, & capiat Elixir Vitrioli guttas decem ex aquæ cyatho vespere & mane.*

January 4. The spots on her skin are now almost entirely gone; and the large blotches, which yet remain, are every where of a lighter colour verging to yellow. Some fresh ones, however, have appeared since last report. She has had no return of bleeding at the nose or mouth. She complains of having been affected for some days past with pain and swelling at her stomach. Her appetite is somewhat impaired; belly very bound; pulse 96.

Inter-

Intermittantur medicamenta, et capiat cras mane salis Glauberi semunciam ex aquæ ferventis unciis sex more solito. Repetatur dosis talis mane die Martis.

January 14. The first dose of the salts had little effect, but the second operated briskly. Since she took it, the pain and swelling of her stomach have been much easier. She has had no return of the bleeding. The vibices and petechiæ are now almost entirely gone. But on Thursday last, she discharged a large round worm, of the lumbricous kind. Her pulse and belly are now natural; but her appetite is at times observed to be very keen.

R. Pulveris florum chamæmeli scrupulum unum.

Syrupi simplicis,

Aquæ fontis, singulorum semunciam. M. fiat haustus, hora somni sumendus. Repetatur omni nocte.

Nec non habeat mane die Veneris dosin salis Glauberi ut antea.

January 18. She took the mixture regularly, and the salts operated well; but no
more

more worms have been observed; and she continues free from all her symptoms. Let her be dismissed.

OBSERVATIONS *delivered February 1.*

THE case of this patient whom we some time ago dismissed from attendance here appeared to me to be in many respects singular. I had never, I own, before seen what I could reckon an instance of the same affection. Till lately, indeed, I had never read of it, or at least had seen it mentioned only in such a cursory or accidental manner as to merit little attention. But, a few months ago, I had the honour of receiving from Dr Baldinger of Goettingen several inaugural dissertations published at that place. Among others, he sent me one, intitled, *De Petechiis sine Febre*, by Dr Ed. Graaf. I own, from the title alone, I was not disposed to give much credit to it. I considered proper petechial eruptions as solely confined to fevers of the typhous or putrid kind, and that

too

too in their worst states. I was therefore inclined to believe it some deception; and as cutaneous diseases are easily confounded, it at first occurred to me, that some other cutaneous eruption might be mistaken for petechiæ. From careful perusal of the treatise, however, I was necessarily led to form a different opinion.

The thesis to which I allude, consists entirely of a case which had occurred to the author, and a comment upon that case. In the history, so many other concurring circumstances are mentioned, that no doubt can be entertained of the nature of the eruption. Not long after I read this dissertation, the present case occurred, and the circumstances were such as afforded an evident example of what Dr Graaf has described. His case and the present are, in almost every particular, similar to each other.

In our case, there were most evident symptoms of an eruption of small red spots on different parts of the body, particularly about the breast and neck. These
spots

spots corresponded very exactly to every description of petechiæ. In size and figure they much resembled flea-bites; but, in place of a florid red, they were of a livid cast, and had no evident marks of a puncture in the middle, which always attends flea-bites.

But besides, this matter was put beyond all manner of doubt, from other appearances. Together with these spots, large livid blotches were visible on many different parts, exhibiting, in a great measure, the same appearance as effusions of blood in the cellular membrane from strokes or similar causes. We had here also very great resemblance to the vibices attending putrid fevers; and I have often seen cases, where appearances were not worse, which terminated by the parts sloughing off. The same appearances were also remarked in the case of Dr Graaf; but neither were the vibices so numerous, nor to so great extent. Two only were mentioned in his case, and these smaller than with our patient. His words are, ‘ In regione potissi-
‘ mum

‘mum hypochondriaca sinistra conspexi
 ‘duas maculas virides et fugillationibus
 ‘simillimas, quæ ovi columbini magnitu-
 ‘dinem æquabant.’

That these were of the same nature with what occurred in greater numbers in our patient, cannot be doubted. And there can even be little ground for hesitation in pronouncing that they were the effects of effused blood. For here a disposition to the rupture of vessels manifested itself in various ways. Before the patient was admitted under our care, she had oftener than once spontaneous bleeding at her gums; and that, too, without any evident sign of spongy texture or local affection. On taking purgatives also, she had been observed to discharge considerable quantities of blood by stool.

After she came under our care, there were still, in some degree, the same appearances; that is, still evident signs of tendency to hæmorrhagy in the discharge of blood by stool: and this too, without any ground for suspecting that it was the effect

of any hæmorrhagic effort; for neither was there quickness nor hardness of pulse, nor any other symptom usually attending that state of body.

These were the only morbid symptoms evident in this case, or of which our patient complained after coming under our care. At one time, indeed, she complained of some uneasiness and swelling at her stomach. Probably, however, these symptoms were rather the consequence of the remedies she had taken, or arising from some other accidental circumstance, than connected with the disease. At any rate, it was a complaint of but short duration, and giving little uneasiness.

At another time, she discharged, by stool, a large worm of the lumbricous kind. I was, however, inclined to imagine that this had no connection with the primary affection. Worms in the alimentary canal are indeed the cause of a great variety of symptoms, but I do not know that they have ever been alleged to induce such as the present; and a discharge of them

them from the alimentary canal is by no means an unfrequent consequence of other affections.

This, I am disposed to imagine, was, in some degree, the case with our patient; and I would consider the petechial eruption, the blotches, fugillations or vibices, and disposition to hemorrhagy, as constituting the affection for which she came under our care.

It will naturally occur, then, as a question, what genus of disease these constitute?

—And here I must own that I know no place to which I can properly reduce it in any nosological system. By some nosologists, indeed, petechia itself is made a genus of disease; but still this name is given to those cases where petechiæ are combined with febrile affections. To such, then, we cannot refer the present instance.

Of the symptoms here present, there are none which do not, at times, occur in the sea-scurvy. But that affection is characterised by many other marks not here present. Nor, in this instance, was there

by any means the same progress as in in scurvy. No fetor of the breath, spongy state of the gums, prostration of strength, ulcerations, oedematous swellings, or the like, here took place. Nor could the patient be subjected to those causes, very generally, if not always, inducing it. There would be an evident impropriety, therefore, in referring it to this head. It is not, however, improbable, that in its nature it has some analogy to sea-scurvy; and if we can form any reasonable conjecture of its nature, this is of more consequence than giving it a proper name. Were I, however, allowed to coin a name, and in this way the practitioners of our days have used more freedom than all their predecessors, we might I think call it *Petechianosis*, that is, a disease characterized by Petechiæ. But whether this appellation be proper or not, it will little affect our idea of its nature.

In this case, I own, from all circumstances taken together, I should be apt to suspect a particular morbid state of the fluids;

fluids; and that, too, without any disease of the other parts of the system, either as simple or as living solids. At least, on this ground I apprehend that the symptoms may most readily be explained. That the solids are not affected, appears evidently from the natural state of every function. That the fluids are in such a state as to make their way through passages not natural to them, appears both from hemorrhagy and extravasation; for on this cause we must consider both the petechiæ and livid blotches to depend. The former, indeed, in fevers of a putrid nature, are sometimes reckoned rather critical than symptomatical: But, in all probability, without any good reason. The latter manifest the same appearance as occurs in extravasation from other causes. There can be no hesitation, therefore, in referring it to this source; and I would conclude, that the texture of the blood, probably of the red globules, is in some measure destroyed. In this respect, then, we may presume, that the present disease has no in-

considerable analogy to scurvy, in which there is every evidence of a similar destruction of texture. Still, however, the case may be materially different. The experiments of Mr Hewson, made on blood taken from the living body, throw new light on this subject. He has shown, that the figure of the globular particles is connected with a certain state of the fluid, in which they swim. His experiments demonstrate, that, by the increase of saline impregnation, they are shrivelled and broken inwards; and that, by the increase of the watery part, they are distended and broken outwards. And, on all hands, it is allowed, that, by putrefaction, the texture is destroyed, without any change of the menstruum, at least with respect to its proportion of saline matter.

That all these causes will, to some degree, operate in the living body, is not to be doubted; and, perhaps, more frequently they operate in combination than separately. There is, however, a presumption, from the circumstances inducing

cing sea-scurvy, that the first more particularly operates in that affection; and the last is, perhaps, a cause of dissolution connected with this putrescent tendency.

To which of these causes the dissolution of the red particles here occurring is to be referred, I am somewhat doubtful. And on this subject little ground of conjecture is afforded by the alledged remote cause, the eating a quantity of beans. It is not, however, improbable, that these, from their quantity merely, may have induced the succeeding fever, and the fever may have given rise to this state of the fluids. From this view, I am rather disposed to refer it to the putrescent tendency than to an overproportion of saline matter; and according to this idea the treatment was conducted.

Of the prognosis here, observations are now precluded, from the disease having terminated favourably; it may naturally, however, occur as a question, how far it ought to be considered as a dangerous affection? A probable judgment here is to be formed only from two sources: From

former facts; or, where these are wanting, from knowledge of the nature of the disease. I have already observed, that this is the first instance of the kind I have met with; and I can, therefore, draw no conclusion from any experience of my own, nor, indeed, much from that of others. The case described by Dr Graaf had a similar favourable termination, and that too in no long space of time.

Besides this, towards the end of his treatise, he has collected several instances, somewhat analogous, from different sources, particularly from the *Acta Academiae Naturæ Curiosorum*. In these likewise the disease had a favourable termination. Upon the whole, therefore, there is, perhaps, less ground to be alarmed in this disease than would naturally be inferred from the idea we have given of it. For it must be acknowledged, that, from this view, we should conclude it to be of a dangerous tendency; and how far it might not be severe when left to its own course, is, at least, a matter of doubt. Should any future instance occur to me, I
would

would reckon it improper to view it as of little account; and, till I be corrected by future experience, I would again be disposed to follow the same plan of cure; which, although it be not precisely, is at least nearly similar to that which succeeded with Dr Graaf.

Supposing the symptoms to arise from a destruction of some of the globules in consequence of a putrescent tendency, I imagined that this ought to be combated by antiseptics, and as such I employed here the Peruvian bark and elixir of vitriol. As the symptoms were not urgent, I wished rather to throw in the Peruvian bark gradually, than in such quantities as to endanger any uneasiness at the stomach.

In this way, conjoined with the vitriol acid, it was continued for near the space of a fortnight; and, at the end of that period, the appearance on the surface, which had undergone different changes, but with a gradual tendency to decrease, was almost entirely gone.

As she complained of some disorder in

the alimentary canal, which I conjectured might be the effect of the medicines, I directed their being discontinued; and, at the same time, ordered purgatives, to discharge the contents of the bowels. By these means the swelling in the stomach was removed; but, probably, they gave occasion to the discharge of the worms observed after the first purgative. Although I conclude this to be accidental, yet I was led to suspect, that there might be more worms, and I thought it at least proper to make some trials with this view. From more active anthelmintics, I was here, in some measure, precluded by the idea of the former disease. It was this circumstance that determined me to trust to the powder of camomile flowers.

But, after continuing it for some days, and after repeating the purgative, as there was no appearance of more worms, and the patient was, in every other respect, in health, I reckoned it unnecessary that she should continue her attendance here. At the same time, I should not be surprised if

if she has yet some uneasiness from worms; and, in that case, if she comes again under our care, I may, with greater freedom, have recourse to more powerful medicines.

SEQUEL.

This patient was not afterwards affected with any symptoms which could be supposed to proceed from worms, nor were any more worms observed to be discharged by stool. She continued also perfectly free from any return of the petechial affection, or of the other symptoms with which it had been attended.

VIII.

The History of a CANCEROUS AFFECTION of the Breast, treated by Electricity.

M— D—, a woman aged sixty-two, admitted December 25th 1776, has, in the left mamma, an indurated tumour of considerable size, sliding readily

upon the pectoral muscle. From this tumour pains frequently arise, shooting towards the axillary glands, which are also somewhat swelled. In other respects she is free from complaints, and has not menstruated for these seven years past.

About twenty years ago, soon after being delivered of a child, a small tumour was first perceived in the breast affected. This in a short time suppurated, and continued to discharge purulent matter for about six weeks. It then healed, after the loss of some parts, particularly the nipple. Eight years after this, being induced to scratch the same breast very much, from an uneasy tickling sensation which she felt there, a fresh sore was formed. This, from her account, continued to discharge purulent matter, of a thick consistence, till about six weeks ago. But the application of the usual dressings being then neglected, the discharge ceased, and the sore cicatrized. A fortnight after this, she says, she first perceived the present tumour, and soon after the swelling of the axillary gland.

Illinatur

Illinatur oleum camphoratum parti dolenti mammæ, omni nocte hora somni. Accipiat etiam bis in septimana ictus electricos tres ad gradum tertium, ita ut fluidum electricum per tumorem mammæ cursum teneat.

January 14. She has continued the electricity and friction since last report. She now thinks that the pain of her breast is somewhat diminished, and the swelling lessened. But the base of the tumour seems to be rather extended.

Repetatur electricitas ter in septimana; et accipiat, singulis vicibus, ictus electricos decem ad gradum tertium. Continuetur oleum camphoratum ut antea.

January 25. She thinks that the swelling of her breast continues to diminish, from the use of the electricity. *Continuetur electricitas ter in septimana, et accipiat ictus quindecim ad gradum quartum.*

February 1. She has had much pain in her breast since it was last electrified; and there is a slight excoriation near the nipple, which discharges a small quantity of matter.

Imponatur

Imponatur indies parti affectæ, linimenti cerei pauxillum; et continuetur electricitas, sed accipiat, singulis vicibus, ictus decem solummodo.

January 8. There is now a considerable ulceration on her breast, from which there is a copious discharge of matter. The swelling continues to be much diminished, but she thinks that the electricity increases her pain. *Intermittatur electricitas, continuetur linimentum cereum, et capiat vespere et mane pulveris foliorum cicutæ grana tria.*

OBSERVATIONS delivered February 22.

IN this case there are few symptoms, and the affection is evidently simple; yet its nature is not altogether without difficulty. The disease at present is principally, if not entirely, situated in the left mamma. And here the affection is equally evident, both to sight and touch. A manifest indurated tumour can be distinctly felt; and although its surface is sometimes ulcerated, and sometimes not, yet the

the skin never recovers its natural appearance.

Here we have not, indeed, every symptom usually attending cancer. Yet there is a strong probability, that the affection is rather of this kind, than that it is now to be reckoned scirrhus, particularly from its disposition to an ulcerated condition. This supposition is still farther corroborated by the shooting pains with which the patient is frequently affected; but still more by the tumour under the axilla. For this last circumstance may be considered as a demonstration of absorption from the breast, and that too of matter which, in other glands, would produce a similar affection to that which occurs in the mamma.

With this sentiment, I cannot easily, in the present case, pronounce a favourable prognosis. All authors are agreed in reckoning cancer among the most dangerous affections. It is particularly one of those complaints where there is no ground to hope for a natural termination in recovery.

And

And if a cure is to be effected, it must, in a great measure, if not entirely, be the work of art. Yet, perhaps, even with the best assistance, recovery is in no case to be depended upon. Nor, on the other hand, can any one be considered as so desperate as to preclude all trials : and it is merely with this view that we have taken the present patient under care.

In such cases as the present, a cure is to be expected only on one of two principles ; either by removing the diseased parts, or by restoring them to a sound state. Where a complete removal can be effected, I have no doubt in considering it as a proper method. I am, for my own part, convinced, that it affords not only the most expeditious, but also the most certain cure ; and I am persuaded, that many have fallen victims to cancer from its having been neglected.

Some, indeed, and those, too, men of no inconsiderable note, are enemies to operation, in every case of cancer : and, were we acquainted with any effectual medicine
for

for restoring the diseased parts to a sound state, I would have no hesitation in agreeing with them.

It is observed, and indeed with justice, that many on whom the operation is performed with apparent success, afterwards die of a cancer, and that, too, in very great agony. But to ascribe either the return of cancer or pain to the operation, is a very erroneous mode of reasoning. The allowing cancer to remain at one place, is no defence against its affecting another; on the contrary, from this circumstance, there is a greater probability of its happening. Hence no bad effect can, with justice, be ascribed to removing the affected part: and, when we find a patient again affected with a cancer, from whom one was formerly extirpated, it only argues, that, by local operation, virus cannot be expelled from the system. The existence of cancerous virus in other parts, in all probability, is very generally the effect of the operation's being delayed; and if there are some cases where the patient has had a
return

return of cancer, there are others where this has not happened.

In some cases, then, it may be considered as the means of a complete cure. In others, and these even the worst, where the situation is such as to admit of it, operation may at least be the means of removing urgent symptoms, and protract the life of the patient for many years.

From all these considerations, then, I must own, that I am an advocate for operation in this complaint. And, after the cases lately published in support of this practice, by Mr Hill of Dumfries, very few, I apprehend, who have seriously considered them, will doubt the propriety of it. As he observes of himself, were it my fate to be affected with cancer, I would not delay operation a single hour, in hopes of cure by any other means.

On these principles, therefore, I had no hesitation in recommending it to this patient to think of operation; but I found her totally averse to all thoughts of it.

And

And I must here observe, that it is an operation attended with so much danger, that I should reckon it improper to go any further than merely to recommend it.

As the present patient, while she was resolved against operation, was desirous of employing any other mode of cure, I determined at least to give trial to such, and to attempt what could be done with the view of restoring the diseased part to a sound state. This, I apprehend, is to be effected by restoring free circulation thro' the part, and the natural action of the vessels. For I suppose what has been generally called *cancerous virus*, as well as all the other symptoms, to depend on obstruction of some of the vessels, and the vitiated action of others.

I considered this as no unfavourable opportunity for trying how far these ends could be obtained by means of electricity. Electricity, with the view of discussing such tumours, has been strongly recommended to me by Dr Eason, now physician in Manchester. He was led to propose it from

an accidental recovery happening to a lady in Ireland labouring under such a complaint, in consequence of a stroke from lightning.

This history, as related by him, you will find in the fourth volume of the Medical Commentaries. It was, therefore, with the present patient, my intention to persist in the use of this remedy for a considerable time, and to carry it to as great a height as she could easily bear.

At first, although used only to a slight degree, it seemed to promise some advantage; and the patient herself was inclined to imagine that it both mitigated the pain and diminished the tumour. With a view, therefore, of augmenting these advantages, I ordered both the number and force of the strokes to be increased. Now, however, I am somewhat doubtful how far this direction was proper. For, after this change, the pains returned with increased severity, and the tumour was again converted into an ulcerated state. I do not, however, think it clear that these
 alte-

alterations were the effects of electricity; yet where there was ground for suspecting this, I durst not order the continuance of it. On this account I have, at least for the present, discontinued the trial; but with the intention of again returning to the use of it, if circumstances will allow: for I cannot help thinking, that its influence in the present case has been such as to give hopes that it may be a powerful remedy in renewing circulation through diseased parts. I have, in the mean time, put this patient on the use of the cicuta; from which I cannot help thinking, that in some cases I have seen very good effects. If there be any appearance of advantage, I shall wish to persist with it for some time; and after a proper trial, the farther treatment will be regulated by circumstances. I must, however, conclude, as I have already said, that neither from this, nor from any other mode of cure, have I any high expectations.

SEQUEL.

The cicuta was continued with this patient for some time without any obvious good effect. She was averse to the repetition of the electricity; and gave up attendance at the Dispensary, to try the effects of gentle dressings, without any other medicine.

XI.

Observations on a Case of Hæmorrhoids.

D—W—, a man in the 47th year of his age, by trade a gardener, of a robust habit and florid complexion, admitted January 21. 1777, complains of being constantly affected with much pain about the anus, which is increased by walking and when he is at stool. After each stool he generally passes some blood, which is commonly in a pure and fluid state. Small tubercles, slightly inflamed,
are

are to be seen externally at the anus; from which he supposes the pain and discharge to proceed. Pulse, heat, and appetite, natural; belly regular.

About eighteen months ago, he was affected with an itching over his whole skin, and with pain in his head, which was attended with slight giddiness. These complaints continued for some weeks, and left him upon the appearance of the present affection; for which he knows no other cause. He has used but few medicines, and these have had little effect.

R. Florum sulphuris,

*Pulveris cremoris tartari, singulorum
uncias duas. Syrupi simplicis quantum
sufficit. M. fiat electuarium, cujus ca-
piat drachmam unam ter de die.*

February 1. The medicine has been taken as directed, and has had the effect of keeping his belly gently open. He has still some pain about the anus, but it is considerably diminished; and there has

been very little discharge of blood since he began the use of his medicine.

Continuetur electuarium ut antea.

February 8. He is now free from all his former complaints, except a slight degree of foreness externally. Let him be dismissed.

OBSERVATIONS *delivered February 15.*

The case of this patient affords subject but for few remarks. His disease is neither in its nature singular, nor is there any room for doubt respecting it; while, at the same time, there does not here occur any complication of affections. That this patient was affected with hæmorrhoids, can admit of no doubt; but this is a disease, with regard to which the most eminent practitioners still differ in their sentiments. It may indeed be thought that the present case has not every characteristic of the affection, as defined by some nosologists. This patient, when he came under our care, had no complaint of head-

headach, vertigo, or pain about his loins. These, however, according to Dr Cullen, are characteristics of this affection: And he even puts them in such a manner, that we ought to conclude they should constantly be present. Few nosologists, however, reckon so many symptoms essential; and the present case at least corresponds very exactly to the definition of Mr Sauvages. His words are, ‘*Fluxus cruentus ex podice vel recto, mariscis ruptis obfito.*’

Besides bloody discharge and tubercles, pain is also by some considered as a characteristic of the affection. And it may even be remarked, that neither the one nor the other of the symptoms mentioned by Sauvages are to be considered as essential. Often, indeed, as in the present instance, both are conjoined; but in some cases there is no tumour, and in others there is no discharge. This has led to the distinctions of the affection into hæmorrhoids cæca, aperta, into interna, externa, and the like. These varieties, however, do

not depend on any essential difference in the nature of the disease, but merely on situation and condition. In the present case, we can have no doubt in pronouncing, that the disease was of the external kind, and at the same time intitled to the appellation of the hæmorrhoids aperta. It is in general agreed, that this complaint arises from an affection of the hæmorrhoidal vessels. It has, however, been disputed, whether the hemorrhagy proceeds from arteries or veins; and whether the tumour be the effect of effusion into the cellular membrane, or of the enlargement of the veins. It is the most common opinion, that both hemorrhagy and tumour depend on the veins. And this opinion, I am inclined to think, is most generally true. It is corroborated both by the dissections of Morgagni, and by attending to those habits usually subject to hæmorrhoids. Morgagni, from dissection, contends, ‘*Hæmorrhoides nihil esse aliud quam varices venarum ani.*’ Besides this, the disease generally affects those labouring

bouring under venous plethora, or at least such as have arrived at that period of life when this condition is most frequent. It is not, however, to be denied, that many circumstances seem to favour the opinion of effusion. It is to be observed, that there is frequently no inconsiderable pain; a circumstance not arising from distention of veins. Besides, there are also dissections in favour of the opinion of effusion. These have demonstrated a lodgment of blood in a receptacle formed of condensed cellular membrane: and it may also be added, that the discharge is sometimes very great, and is evidently preceded by increased impetus and tendency to hemorrhagy over the whole system. When all these circumstances concur, there is strong presumption that the discharge proceeds from arteries. And this opinion is even favoured by some dissections related by Morgagni himself. In one case, he observes, ‘*Extremum intestinum intus varicosis venarum nodis inæquale. Majorem ex his attente inspiciens miratus*

‘sum, cum ipso qui non modico alioquin
 ‘distendebatur sanguinis grumo, non nisi
 ‘tenuissima sanguifera vascula communi-
 ‘care, ut evidens esset aliquam perexilem
 ‘venam in eam fuisse amplitudinem dila-
 ‘tatam.’ To me it seems more probable,
 that the appearance which here astonished
 Morgagni, was rather the effect of effu-
 sion than of the extraordinary dilatation
 which he suspected.

It would seem then, that in this affec-
 tion cases may differ essentially in their
 nature: and such a distinction is often of
 consequence in the cure. It naturally oc-
 curs here as a question, To which of these
 kinds the present case is to be referred?
 I know no circumstance, in the instance
 before us, from which we can form a cer-
 tain judgment; yet I must own I am dis-
 posed to consider it as a venous affection.
 The discharge of blood is only to a slight
 degree, and seems to happen principally,
 if not entirely, from pressure, as on a dis-
 charge of fæces by stool. It is not at-
 tended with any marks of increased impe-
 tus,

tus, nor accompanied with any considerable degree of pain. All these are objections against the supposition of the hemorrhagy being from the arteries, while the idea of its being venous is confirmed by the period of life at which the patient has arrived.

Thus then I have stated my sentiments respecting the nature of the disease with which this patient is affected. After the termination which it has already had, I need add nothing of the prognosis. The disease indeed, previous to his admission, was of some duration; yet no circumstance indicated, what could be reckoned any great degree of violence. There was, therefore, good reason for entertaining hopes of a favourable termination; which accordingly soon took place. I would not, however, from this, be understood to mean, that this patient is radically cured. It is well known, that those who have once been subjected to this complaint, are very liable to a recurrence of the affection; and it is not improbable that this may
happen

happen with the present patient: yet, when he was dismissed, he was free from pain, swelling, and bloody discharge; and, without some exciting cause, he may continue so.

In the treatment of this case, I found it necessary to do very little. And I may here observe, that hæmorrhoids is one of those affections, respecting the propriety of curing which there is often very great doubt. In many cases, particularly where the discharge is habitual, it is to be considered as salutary: and in most instances there is some danger from a sudden check, especially where the discharge is inconsiderable. This is particularly the case when, as was observed with the present patient, those subjected to it have that florid complexion which gives evidence of plethora. The cure, therefore, is to be regulated by the appearance of the disease; and where there is nothing very urgent, it is perhaps the best plan to do but little, especially when there is no reason to apprehend

prehend that by neglect there is any danger of its becoming habitual.

There are indeed cases of this affection calling for the most powerful remedies. These are sometimes necessary with a view of obviating violent inflammation, and sometimes for restraining an excessive discharge of blood; as by evacuations in this way, the patient may be cut off, either from inanition, or from some supervening disease. In the former case, the impetus at the rectum is to be diminished by general and topical bleeding, by antiphlogistic purgatives, and by emollient applications. In the latter, we must attempt to induce constriction of vessels by different astringents, whether externally or internally applied.

In the instance, however, which we have here had occasion to treat, I saw no necessity for either. Although I suspected that the hemorrhagy was from the veins, and considered it as being of the passive kind, yet its extent was by no means so great as to require such a doubtful medicine.

cine as astringents. Although there was some evidence of a plethoric disposition, yet neither was there any general affection of the habit, nor any local inflammation requiring a diminution of impetus. From these considerations, therefore, I reckoned it sufficient to obviate the principal exciting cause of the hemorrhagy. This I took to be the state of discharge by belly. I put the patient therefore on the use of a gentle refrigerant purgative. From this I hoped that we should not only remove compression, but produce a gentle depletion of the system. This, together with the daily labour in which he must be engaged, and if not the low, at least the moderate diet, which is probably the utmost his circumstances can afford, I hoped would be sufficient for the removal of the plethora. In this, it would appear, my expectations were not disappointed; and from the time that he began the electuary, which gently loosened his belly, he had no more of the bloody discharge. Besides, during the continuance of it, the
 pain

pain and external swelling gradually diminished, infomuch, that at last report I considered him to be so far recovered, that I judged farther attendance here unnecessary. He might indeed have been continued for a week or two longer on the list, and we should then have been better able to determine how far the cure was completed. But for this purpose, it would have been requisite, at least for the sake of form, to have persisted in the use of some medicines. While, however, I considered nothing as better suited to the nature of his complaint than the electuary on which I had put him, I was unwilling even to continue it any longer: for from rendering purgatives habitual, the inconveniences produced are by no means small. I considered it therefore as the preferable method, to recommend it to him to return here upon the recurrence of his complaint. And if he does not, we may presume that the benefit which he has received is of a permanent nature.

SEQUEL.

This patient did not afterwards apply for aid at the Dispensary; and after several months had elapsed, he continued perfectly free from any return of his former complaint.

XII.

A Case of Mænorrhagia treated by the Peruvian bark.

J—S—, aged 24, admitted December 2d, 1776, a widow, of a fair complexion and delicate habit, complains of great debility and frequent nausea, especially in the morning. She is affected also with flatulency and an uneasy sensation at her stomach, which is generally aggravated by taking food.

Her menses, for the most part, return every three weeks, and continue to flow for eight or nine days in immoderate quantity. Should their return be protracted

till the interval of a month, which is sometimes the case, all her complaints increase in violence, and she is affected with flying pains over her whole body. They, however, for the most part, leave her when the catamenia again appear.

Her pulse beats 100 strokes in the minute: her belly is regular, tongue clean, and respiration easy; but her appetite is much impaired, and she complains of great thirst.

The immoderate flux of menses came on about three years ago, immediately after weaning a child which she had suckled for fifteen months. For this affection she can assign no cause: but to it she attributes all her other complaints; most of which began about two years ago.

She has used a great variety of medicines, and among others the Peruvian bark; from which she thinks that she has derived the greatest relief.

Capiat pulveris corticis Peruviani semidrachmam quarta quaque hora.

December 14. There has been no bloody
dis-

discharge from the vagina for two weeks past; but her other symptoms continue much as before. *Continuetur cortex Peruvianus, ut antea.*

December 21. She continued tolerably easy for some days after the last report; but her menses appeared again about two days ago, and the discharge is still very great. It was, however, preceded by rather less pain than usual. Pulse eighty; appetite somewhat mended; belly rather bound. *Continuetur cortex Peruvianus, ut antea; et capiat elixir vitrioli acidi guttas viginti ex aquæ cyatho omni nocte.*

December 28. After she had taken the elixir for two nights, her menses stopped. Since that she has been much affected with swelling in her stomach and in the under part of her belly; and she also complains much of flying pains through different parts of her body. Pulse eighty; belly regular. *Intermittatur elixir vitrioli. Continuetur cortex Peruvianus, ut antea.*

January 4. The pains of which she complained are much easier; and the

swelling was much diminished soon after last report. It continued so till two days ago; but since that there has been some return of it. Pulse 100; belly natural.

Continuetur Cortex Peruvianus.

January 14. She was tolerably easy till within these three days: but the menstrual discharge then appeared, and the evacuation has taken place to the same extent as usual. The discharge still continues; and since it began, the pains thro' her body have been much aggravated, but without any swelling of the abdomen. She is again affected with thirst, and her appetite is somewhat more impaired than before. Pulse 96; heat moderate. *Continuetur cortex Peruvianus, sed capiat drachmam unam tertia quaque hora.*

OBSERVATIONS delivered January 18.

To the disease of this patient there is little difficulty in affixing a name. She is indeed afflicted with various complaints, which are attendants of several genera of

disease. As examples, we may mention the symptoms of debility, nausea, flatulence, and the like. There can be no doubt, however, that all of these in the present case proceed from the same origin. They are here the effects of a debilitated system from excessive hemorrhagy: for with this patient the menses return at shorter periods than usual. When this discharge does return, it is continued for an unusual length of time; and during that period the discharge is excessive. There can be little doubt, then, in pronouncing this case to be an immoderate flow of the menses; or, in the language of the nosologists, a case of menorrhagia. Besides the complaints already mentioned, this patient is frequently affected with transitory pains. These, from the history, are evidently connected with the distemper which we have mentioned; for they chiefly occur previous to the menstrual evacuation, and are only remarkable when the discharge does not take place at the usual time. Pains of this nature, how-

ever,

ever, frequently attend menorrhagia, in-
 fomuch that, by some, they are introdu-
 ced amongst the diagnostic fymptoms.
 But without confidering them as effential,
 they are at leaft common; and in place of
 giving doubt, corroborate our opinion.
 As to the name of this affection, there-
 fore, there is little ambiguity.

But in order to give either a probable
 prognosis, or to lay down a rational plan
 of cure, we muft go farther. Thefe are
 only to be derived from the peculiar na-
 ture of the cafe before us; for under the
 genus of the menorrhagia very different
 affections are included: and, above all,
 it is particularly neceffary to determine
 whether the hemorrhagy be of the active
 or paffive kind. In the latter cafe, endea-
 vours to reftain it are often indifpenfably
 neceffary: In the former cafe, they would
 often be attended with the worft confe-
 quences; for there the hemorrhagy is to
 be confidered as a natural cure. In the
 nature of uterine hemorrhagy, however,
 there is fomething peculiar; and we can-

not disjoin the consideration from that of menstruation. Of the theory of menstruation, I have in other lectures had occasion to treat. While every physician would explain the diseased states to which it is subjected on his own doctrines, I must beg leave to proceed on the supposition of the truth of what I have delivered.

In this view, I must consider all increased discharge, under this form, as proceeding from one of three causes :

From an uncommon determination of blood to the uterus.

From an increased action of that viscus, or of its vessels.

Or, lastly, from want of due resistance to the impetus of the blood at the uterus.

It is our business to inquire, then, to which of these causes the discharge here is to be referred, or how far different principles may be concerned. The first may be considered as giving hemorrhagy more purely of the active kind ; the last, more particularly passive ; while that which proceeds from increased action of the ute-

rus may be considered as of an intermediate nature. The opinion which we adopt on this subject must very much influence our practice; and hence it is material to distinguish to which it is to be referred.

This is to be done on one of two grounds; either from the causes inducing the complaint, or from the concomitant circumstances. In the present instance, from the first of these we can derive no light; for it did not manifestly arise from any particular cause. We are merely told that it succeeded the giving suck to a child; during which period the menses, for the most part, are wanting, as then, probably from an anastomosis of vessels, there is a real abstraction of blood from the uterus itself. This never could be supposed to have any tendency in inducing an increased discharge. If, therefore, I am allowed to conjecture, I would be inclined to go farther back, and would seek for the cause of it during the state of pregnancy or delivery. It is well known,

that at these periods the condition of the uterus and its vessels are much affected. This, however, we must consider as merely conjecture, and must endeavour to determine the question which we have stated on the last ground, viz. from concomitant appearances. On this ground, then, I propose to take a view of each in order.

An uncommon determination to the uterus, the first general cause of menorrhagia sometimes arises from particular local affections. Such, for example, as causes retarding the flow of blood into the neighbouring vessels: hence the compression of these vessels is an useful remedy for restoring obstructed menses. More frequently, however, it is the effect of general fulness: hence the menstrual discharge is accelerated and increased by high and plentiful living. Of neither the one nor the other, however, of these circumstances, is there any evidence in the present case. The circulation through the inferior extremities is the same as usual,
and

and every mark of general plethora is absent. There is no tendency to a drowsy or lethargic state; no general sense of weight or fulness; no turgescency, or florid complexion; no great hemorrhagical tendency: On the contrary, from paleness, delicacy, and debility, there is rather room for suspecting inanition. Hence, upon the whole, for the supposition of an uncommon determination to the uterus, there is very little foundation.

The second general cause of menorrhagia which we mentioned, was an increased action of the uterus. A peculiar action of this viscus I reckon necessary to account for the menstrual discharge. Such an action unquestionably takes place at a certain period of pregnancy; and is then the cause of delivery, and of course, in some degree, of the lochial discharge. If, however, there be such a natural action, that it may be subjected to a morbid condition, is not to be questioned; and that this may be attended with a preternatural state of the discharge, both as to

time and quality, can hardly be doubted. Such inordinate action may be considered as an affection of the nervous kind. It may therefore be induced by all the variety of causes giving rise to these; and when present, will chiefly be indicated by pain and irregularity as to the period of discharge. It is well known, that temporary spasms and contractions beginning in the uterus, are often propagated to the neighbouring parts. Such is always the nature of labour-pains, unless as far as they are the effects of distention. Such frequently precede delivery, with people of delicate habits, for a considerable time. Such are often described as attendants upon the menstrual discharge: and such, from the description given, would seem to be the pains marked in the present case. I cannot help thinking, therefore, that there is a strong presumption as to the existence of this cause: and when we farther add the short intervals between the menstrual discharge, this presumption is much corroborated, especially as the

pains

pains are particularly severe when it is postponed to more than the ordinary intervals. I must conclude, therefore, that here an inordinate action of the uterus takes place, and probably to a degree sufficient to account for all the symptoms.

But the existence of this cause does not preclude others. It remains, therefore, to consider how far the last cause may be concerned, that is, the want of due resistance to the impetus of blood at the uterus. Of all the causes of menorrhagia, this is perhaps the most common. It is induced by various accidents, either giving rise to relaxation of the system in general, or of the uterus in particular. It is the product likewise of various morbid affections of the uterus, as cancer, ulceration, and the like. When there is, therefore, such a multiplicity of causes, it is not surprising that it should frequently occur. And I do not doubt that, to some degree, it may take place in the present case. Of this there is even some presumption, from the continuance of the
dis-

discharge, and from the quantity to which it occurs; for while the resistance is considerable, inordinate action will never give any great discharge. But, on the other hand, there is no reason to presume that laxity is the sole cause; otherwise many of the present symptoms would be wanting, and the patient would not from thence be affected with pains so distressing to her. There is likewise some presumption that the laxity is to no very considerable degree; for the patient, as far as we can learn, is not affected with the fluor albus. Hence, although the bloody evacuation be of considerable continuance, it would appear that, after the most powerful causes are removed, the resistance to the passage of the fluids is sufficient to prevent any other discharge: And I consider the continuance of a discharge under the form of leucorrhœa to be a stronger mark of laxity than even a large evacuation of blood. Upon the whole, then, my idea of this complaint is, that it may in some degree depend upon diminished resistance to the blood

blood at the uterus; but that it is principally the effect of inordinate action. Thus I would consider it to be in a great measure an affection ultimately depending on the nervous influence.

On this supposition, I must own, I am much at a loss with regard to the prognosis. After all attempts to illustrate nervous affections, practitioners are still much diffculted with regard to them; and particularly respecting their termination we are totally in the dark. They have no fixed or determined course. Perhaps, in general, they continue in proportion to their severity; yet when they are seemingly slight, they will often be very obstinate, resisting all attempts to cure; and where they are most alarming, they will often suddenly disappear. I would not, therefore, be surpris'd, if the recovery of the present patient was very sudden; and I will not be astonish'd if her disease continues obstinate, in spite of all that can be done to remove it. This last event I reckon, of the two, the most probable.

This

This disease has already remained for a considerable time, even for the space of several years. During that period, there has been no tendency to mitigation: On the contrary, rather an increase of symptoms; and debility, nausea, and similar complaints, are now induced as sequelæ of the original affection. It is farther to be observed, that she has already used many remedies; and we may reasonably presume none of the least powerful. When it has resisted these, there is less to be expected from others: nor, on the other hand, is there any great prospect of a natural cure. This might, indeed, be expected at those times when the system undergoes any great revolution; such as the period when the menses usually leave women: But with our patient this is probably very far distant, as she is but little past her twentieth year. There is another circumstance from which a natural cure might be expected. As we have supposed this morbid affection to be in a great measure induced by one pregnancy, it might be

be

be removed by another. Were the patient, in the present situation, to fall with child, it would probably give some temporary cure: but, besides that her husband is now dead, it appears that there is very little chance of this even from a second marriage. Her complaint indeed is, in some respects, not unfavourable to pregnancy; but in others, very much against it. And while the inordinate action of the uterus gives pains resembling those of labour, she would be constantly exposed to the danger of abortion. Even pregnancy for a natural time, although giving some chance of cure, might yet have very opposite effects; and in place of removing, might greatly aggravate the disease. Upon the whole then, the probability, I think, is, that the present affection will be tedious at least, if the patient does not in a short time fall a victim to it.

It will therefore naturally occur, as a second question, How far it ought to be considered as dangerous? and, I must own, I am far from being without apprehensions.

sions. It is by no means rare to find this disease terminating fatally, from the immediate consequences of the quantity of discharge; and in proportion to its continuance, there is always greater risk of this, as the resistance at the uterus is of course diminished. The evacuation hitherto has not been to such an extent as to threaten any imminent danger: but more is to be apprehended from the influence of long continued evacuation on the system. In this way she has already been greatly debilitated; and by a continuance of the discharge may at last sink under it: yet without some sensible alteration of the symptoms, I would fain hope that this may not happen suddenly, and that we may at least have an opportunity of trying different remedies.

I must, however, observe, that I am very much at a loss, both with respect to the general plan of cure and the particular remedies to be used. From the view given of the complaint, I am inclined to consider it chiefly as of the nervous kind.

Hence

Hence it is neither to be obtained by evacuations, which are often a cure for hemorrhagy of the active kind, depending on the stimulus of plethora; nor by astringents, the cure of those of the passive kind which depend on rupture or relaxation. It is not an affection connected with any state of the nervous system in general: hence it is not to be removed by the common means of cure in cases either of mobility or torpor. But I consider it as an affection both local, and at the same time peculiar: hence, without farther knowledge of the laws and properties of the nervous system, we must be very much in the dark respecting a rational plan of cure.

Here our inquiries carry us no farther than to have recourse to those remedies observed most useful as restraining inordinate motions. But with many of these there is very great difficulty: for a great part of them, to a very high degree, act either as stimulants or sedatives; and from both the one and the other of these effects,

effects, evils are to be dreaded. In such a case, therefore, I can hardly, from reasoning, venture to affirm what will or will not agree with our patient; and my practice must be regulated by trial. It was on this ground that I had recourse to the Peruvian bark. Among other medicines taken by the patient before she came under our care, this also had been employed, and had been found productive of good effects. I thought, therefore, that by continuing and increasing the quantity, there was some chance of cure. And this is one of the medicines which, under prudent management, may, I apprehend, be given to a greater extent than is usually done. I thought also of conjoining it with some more powerful astringent; and as such, I had recourse to the acid elixir of vitriol: but neither one nor other have answered to my wish. From the use of the vitriolic acid, she complained of swelling in her belly and increase of pains: and from an increased dose of the bark, I find, that, since the last report inserted in our register,

register, the complains of still greater inconvenience. I do not doubt, that from both these medicines some inconvenience may have been produced; yet I can hardly suppose their effects to have been so great as she is disposed to represent.

Besides all these other difficulties, I am afraid we have another to combat in this case. I have no doubt respecting the reality of this patient's complaint; yet I cannot help thinking that she has a natural disposition to aggravate the description of every little alteration, and that she is of a timorous and suspicious temper. Hence she will be led to ascribe to medicines, effects by no means following from them; and we shall probably find great difficulty in getting her to make a proper trial of any medicine. If, however, it can be easily effected, I shall yet wish to make further trial of the Peruvian bark; and if her stomach will not bear a large dose, I shall attempt to augment the quantity by frequent repetition. I may perhaps even alter the form, or conjoin the present with

some other preparations; as, for example, a watery infusion of it in combination with some aromatic, such as the cortex aurantiorum. If the Peruvian bark fails, I have thoughts of trying, at the time of the discharge, the effects of anodyne medicines. These indeed, in the greatest number of cases, rather tend to augment this discharge: at least those of the female sex, accustomed to the frequent use of opiates, as well as those who indulge in the too frequent use of spirituous liquors, have always the menstrual evacuation to a great degree: but in the present case, I am inclined to think that they would have a contrary effect; and should it even produce a more copious discharge, it might yet be of use, as giving relief of pain. From the trial already made, I am disposed to think, that there is more to be expected from sedatives at the time of discharge than from astringents: yet during the intervals, I would chiefly look for a radical cure from tonics; and if the bark shall fail, I have thoughts
of

of trying the calx of zinc, probably combining it with some articles distinguished by the title of nervous medicines, as the powder of valerian. Should this likewise fail, I would, I own, be disposed to recommend to the patient a trial of cold bathing; and though it would require cautious management, yet I should not be without expectations from the use of it. But from what I have already said of the particular temper of our patient, I may easily propose more remedies than we will have an opportunity of trying.

SEQUEL.

After this patient had for some time continued the use of the Peruvian bark, the severity of her disease was somewhat abated. But as she was averse to the trial of other medicines, and unwilling to continue the bark to any considerable extent, her attendance at the Dispensary was discontinued, without her having obtained a complete cure.

XIII.

A Case of Amenorrhœa, treated by Electricity.

G—C—, a woman in the twenty-fourth year of her age, admitted January 7th 1777, complains of a troublesome cough, accompanied with scanty expectoration. She is also affected with flatulency, listlessness, and a sense of weight and oppression about the præcordia; and she often complains of headach. Pulse eighty; belly natural; appetite somewhat impaired, and her menses are obstructed.

The cough is of four weeks standing, and was attributed to cold. A similar cause is said also first to have induced the obstruction of the menstrual discharge, which has now continued for twenty months. Many medicines have been used for the removal of this last complaint, particularly repeated blood-letting and the warm bath. From the latter she derived no benefit; but her symptoms

symptoms were considerably relieved by the use of the lancet.

Accipiat ictus electricos quatuor ad gradum sextum, ita ut fluidum electricum per inferiorem abdominis partem cursum teneat. Et repetatur electricitas eodem modo ter in septimana.

January 18. She has felt no inconvenience from the electricity; and she thinks that she is now less affected with the oppression at her stomach: but there is no appearance of any return of the menstrual discharge. *Continuetur electricitas, sed accipiat singulis vicibus ictus duodecim ad gradum sextum. Nec non capiat omni nocte elixir ex aloe et rheo semunciam.*

January 25. She has not been electrified since the last report; but she took the elixir for four nights as directed. At the end of that time her menses appeared, and flowed to a considerable extent. She is now very little affected with the oppression and uneasiness at stomach; but she complains much of the cough during the night. *Intermittantur medicamenta; sed ca-*

piat misturæ oleosæ semunciam quarta quaque hora.

February 1. Her cough has been considerably easier since she began the oily mixture. There has been no farther appearance of the menstrual discharge; but she complains of pain in her belly, particularly about the under part of it. *Continuetur mistura oleosa, sed capiat semunciam vespere et mane tantummodo.*

February 8. Her cough is almost gone, and her health in other respects is pretty well re-established. Appetite mended; heat natural. *Continuetur mistura, ut antea.*

February 15. She continues free from almost all her symptoms. *Intermittatur mistura oleosa.*

OBSERVATIONS delivered March 1.

When this patient came at present under our care, her case was not entirely new to me. She had been my patient about six months before, in the clinical ward in
the

the Royal Infirmary. Her complaints were then in some respects different from those mentioned in the present history. At that time she was affected with dropfical symptoms to no inconsiderable degree. She was then, however, also subject to the complaint for which she has at present applied to us, the amenorrhœa; for I have little hesitation in considering this to be the principal part of her disease. It was, however, as we have just observed, an attendant also of the former affection; and I was at that time disposed to consider them as not unconnected. Then, I own, I was inclined to believe, that the obstruction of the menses was the cause of the dropfical affection; and that, from this circumstance, the dropsy would probably be the more obstinate. How far the affections were really connected, may yet perhaps be matter of doubt. But the dropsy was in no long time entirely removed; and, as I apprehend, in a good measure from the effects of elæterium; a me-

dicine which I have lately employed in several instances of dropfy with fuccefs.

After the dropfy was removed, I did nothing farther for reftoring of the menfes, than by endeavouring to ftrengthen the fyftem. And as the meafures ufed with this view in the hofpital were ineffectual, I thought it improper to keep her longer there, as her health began to fuffer in other refpects. She was therefore difmiffed, in hopes that the menftrual difcharge might ftill be reftored by her farther recovery of ftrength in the country, and by more regular exercife and more free air than was to be had in an hofpital. It now appears, however, that thefe were alfo infufficient for the purpofe: and befides this, ſhe had likewife ufed for fome months many different medicines, which, although they were fuch as might readily have been fupposed moft ferviceable, were yet ineffectual. In this fituation ſhe again came under my care.

It is to be obferved, however, that at this time, as well as formerly, the amenorrhœa

norrhœa was not her only complaint. She had for some weeks been affected with a troublesome cough, accompanied with difficult and scanty expectoration. This she ascribed, and probably with justice, to an accidental cold; and it may be considered as totally unconnected with the amenorrhœa.

The menstrual evacuation had now been wanting about twenty months; and I had little hesitation in referring to this the impaired appetite, listlessness, oppression at the præcordia, and headach, of which she complained.

I own, from the first view I had of this case, I was disposed to form a different idea with regard to the termination of it from what I do at present. In the catarrhal affection, unless from long continuance, I saw nothing of a threatening appearance. I hoped that it might soon be removed, or even of itself cease. The amenorrhœa, however, I conjectured would be more obstinate; and as it had already resisted several of the most powerful remedies,

dies, I had, I own, but little hopes of a cure. This, therefore, I considered to be the great object of attention in practice. I concluded, that the renewal of the discharge was not to be looked for from the restoring of general health; for the patient had now no symptom of dropical tendency or marks of inanition. On the contrary, she was affected with symptoms of fulness at the menstrual period; and from these she had often obtained relief by blood-letting. I inferred, therefore, that a due accumulation in the uterus was not wanting. I suspected, indeed, it might proceed from an obstruction in the passages through which it ought to pass. But if it was of this kind, it could not depend on a slight or transient cause, as, for example, spasm: And if it arose from a fixed local cause, I could not look for a renewal of the discharge. I concluded, therefore, that the chief hopes of a recovery were from a restoration of that action of the uterus, which I suppose necessary to the menstrual evacuation.

With

With this view, I was resolved to make the present case a subject of trial of electricity. This is a remedy which, in many of the most obstinate cases, has lately been found successful; and its operation is, I apprehend, totally to be referred to an action on the living fibres. It is well known how much electricity does in restoring sensibility and the power of motion to other parts. It may therefore restore the menstrual flux in two ways; either by an immediate action on the moving fibres, thus inducing that contraction which I suppose necessary, or by restoring the capability of motion at the regular periods. In the former case, the cure will be an instantaneous effect of the operation; in the latter, it will not occur till it has been used for some time, perhaps even not till after the electricity has been intermitted. On these principles, then, I resolved to give it a full trial in the present case. And while I persisted in the use of it, I intended gradually to increase both the number and strength of the shocks.

A flow of the menses, however, did not appear on the first exhibition of the electricity; although it was from the hopes of exciting immediate action, that I had directed that the shocks should pass through the region of the uterus. —In this, however, I was not much disappointed; for after so long an obstruction, though an immediate flow might have taken place, yet it was hardly to be expected. I resolved, therefore, still to persist in the use of it: but in this I was unexpectedly interrupted from an accident happening to our machine, after the patient had been electrified for a short time only. I directed, however, the continuation of the electricity, in hopes of having the machine soon mended: and that I might not in the mean time seem inactive, I ordered her to have half an ounce of the sacred elixir every evening.

This medicine she continued, without the use of the electricity, for four nights; and at the end of that time the menses appeared, as she imagined, from the medicine

cine she had then taken. But when we consider that it is not to be viewed as being a medicine possessed of very active powers, and that it never even operated as producing looseness, there is little reason for supposing it was capable of removing an affection so obstinate: and, I must own, I should rather be disposed to ascribe the restoration of the discharge to the preceding use of the electricity; for, where no other medicine has been used, cures effected by electricity have not taken place; in some instances, till a few days after it was intermitted. I consider, therefore, electricity, in this instance, as having restored a disposition in the uterus to action; and I suppose that the flow happened at a period when this action, as regulated by the laws of the nervous system, should have naturally occurred.

I would not, however, pretend to allege, that the elixir had no influence. From its action on the intestines, particularly on the rectum, it may have had some share in inducing and supporting the discharge:

yet

yet I can by no means imagine it capable of removing an obstruction which has subsisted for so long a period, and which had before resisted the influence of the most active medicines, especially when I consider the small extent to which it was here given.

But even admitting this to be the case, it yet affords no certain proof that the restoration of the flux was the effect of electricity. It is by no means impossible that this may have depended upon circumstances of a nature totally different, with which the patient herself was either unacquainted, or at least of which she did not choose to inform us. I cannot therefore pretend to speak in a very positive manner: yet from all the circumstances taken together, I must imagine that the restoration of the menstrual discharge was the effect of electricity. Considering it to have proceeded from this source, it next occurs, as question of some importance, How far we can look upon it as a radical cure? whether it be unnecessary to do
any

any thing farther to secure a regular return of the menses? or whether it can be considered as obtained only for a single period? I must own, that with respect to these particulars I am extremely doubtful; I am rather, however, disposed to hope favourably than otherwise. I intend, therefore, without doing any thing farther with a view to promote the menses, to wait till the usual term of discharge; and if it then appear, I will consider nothing farther as necessary. If it do not, I shall again have recourse to electricity, and prosecute the plan which I at first intended. If the electricity induce a discharge a second time, I shall be contented with ordering a repetition of it for a day or two previous to the period when the menstrual discharge is expected. And I hope such measures may prove effectual in securing a regular return of it. If the electricity shall entirely fail, we may yet expect that the discharge may at times occur; although, I must own, I have little hopes that it shall ever become regular.

At the same time, there are other emmenagogues which may be tried. And with this view, we shall probably put the patient on the use of the rubia tinctorum. If that also fail, I may have recourse to the tincture of black hellebore, pushing it to as great an extent as I think can be done with safety or prudence.

SEQUEL.

The menstrual discharge with this patient returned about the beginning of March, and continued to flow gently for the space of three days. Soon after this, as being free from all her symptoms, she was dismissed from farther attendance at the Dispensary. But not many months afterwards, she again applied for assistance at the Dispensary. She was at that time subjected to a paralytic affection of the inferior extremities, the power both of sense and motion being very considerably diminished. This was also attended with an obstruction of the menstrual discharge,

4 and

and a return of her former symptoms. The electricity was again ordered in the same manner as before. It was continued daily for the space of several weeks. During that period, the menstrual discharge again returned, but not to the usual extent. The paralytic affection of her legs, however, was entirely removed: after which her attendance at the Dispensary was discontinued.

XIV.

A Case of Tinea Capitis, treated by the external Application of Corrosive Sublimate Mercury and Verdigrise.

B— **M**—, a girl in the sixth year of her age, admitted January 24th 1777, has over her whole head a dry scabby eruption of a white colour. In general it is neither painful nor itchy. She is also affected with dulness of hearing. Her abdomen is observed to be somewhat larger

N than

than natural; and she has frequently in the morning an inclination to vomit. Her belly is regular, and her appetite natural.

The scabby incrustation on the hairy scalp first appeared about the beginning of last winter; and it remained till the succeeding summer, when it entirely disappeared. At that time the dulness of hearing first commenced. The swelling of her abdomen has been observed for two or three years; and last summer she passed a long round worm of the lumbricous kind. She knows no cause for her complaints; and she has taken no medicines with a view to the removal of them.

R Mercurii corrosive sublimati granum unum, solve in aquæ fontanæ unciis duabus, dein adde micæ panis quantitatem sufficientem, ut fiat cataplasma, partibus affectis capitis imponendum. Repetatur tale cataplasma ter in septimana.

February 1. Several parts of the dry scurf

scurf on her head have fallen off since the application of the poultice: and now she never complains of its being itchy.

Continuetur cataplasma ut antea, et capiat cras mane salis Glauberi semunciam in aqua ferventis uncias sex solutam. Repetatur dosis mane die Jovis.

February 8. The salts have operated well, and the scurf on her head is in most places entirely gone: but the poultice adheres so firmly to the hair, that the removal of it occasions great pain.

Repetatur sal Glauberi, ut antea. Intermittatur cataplasma, et

℞ Pulveris æruginis æris semidrachmam.

Axungię porcine uncias duas; tere diligenter simul ut fiat unguentum. Illinatur semidrachma partibus maxime affectis omni vespere et mane.

February 22. Her head has been regularly rubbed with the ointment since the last report; and the scabby eruption is now entirely gone: but she is still affected with the dulness of hearing. *Intermittatur unguentum ex æruginē, applicetur vesi-*

*catorium nuchæ, et postea fiat fonticulus ope
unguenti epispastici*

OBSERVATIONS *delivered March 1.*

The disease of this patient is not totally without difficulty ; yet almost every part of the affection is obvious. I can by no means, however, refer the whole symptoms to one genus. What we may consider as the principal part of the complaint, is the dry scabby eruption on the head. In affixing a name to this part of the affection I have no hesitation. From the seat, from the appearance, and from the nature of the eruption, there can be no doubt in pronouncing it to be an instance of *tinea capitis*. This is an affection not uncommon, and frequently very obstinate ; inasmuch that, after a certain standing, some are disposed to rank it among the incurable diseases. But although this be the most considerable, it is not the only part of the patient's complaint ; and perhaps it

is even that part which, in the present case, will be the least obstinate.

This patient is also affected with considerable dulness of hearing. This symptom is considered as the characteristic of a genus of disease among all nosologists, under the terms of *Dyssecœa*, *Cophosis*, *Surditas*, and the like. And each of these genera comprehend various species; which, however, are to be considered chiefly as instances of the disease proceeding from different causes. What particular circumstance, in the present instance, gives rise to it, may be considered as matter of great doubt. There is some presumption, however, that it may have been the effect of the disappearing of the eruption. The repulsion of cutaneous diseases is enumerated among the causes of a great variety of affections; and from none are more numerous evils said to proceed, than from the repulsion of the *tinea capitis*. I do not, however, observe that any practical author has mentioned deafness as one of them: but it has been said to induce blind-

ness. And if it occasion an affection of one sense, this at least gives a presumption that it may affect another.

I would then, I own, be inclined to attribute the present deafness to the former removal of the affection; which, as far we can learn, was not the effect of any particular remedy, but a natural cure. Still, however, it may, I apprehend, have been productive of the same affections as if the complaint had been removed by artificial means. Probably both the one and the other produce other diseases, by giving rise to a different state of circulation.

Besides these two diseases, it may at least be a question, Whether this patient be not subjected to a third? She is observed to have an uncommon largeness of the abdomen, and to be affected with an inclination to vomiting; particularly in the morning. In neither of these, separately, is there any evidence of a particular affection, nor indeed in both of them conjoined. At the same time there is little

reason

reason to think that they are connected with any of the affections already mentioned. How far they may be the incipient state of a more dangerous disease, is hard to say; but, as far as I can at present judge, I cannot look upon them in that light. I am, I own, disposed to view this as the least considerable part of our patient's complaint; and respecting the event of it I have not the smallest apprehension.

Of the two others, I am somewhat doubtful in my opinion. From the tinea having before yielded, there is ground for a favourable judgment. Yet it is an affection not unfrequently admitting of a temporary cure; and, as was the case when it formerly disappeared, it may again, without any obvious cause, return, should we at present be able to remove it. But there is still greater reason to be afraid of the obstinacy of the deafness; for since its first commencement, it has suffered no obvious remission; and at the same time

no manifest disease in the ear can be discovered.

In the treatment of this case, different objects are to be had in view. As I have already observed, what I reckoned to be the principal object of attention, was the disease of the head or the tinea: and it was, at the same time, that part of the complaint, in the treatment of which I expected to be most successful, although I look upon it to be, in every instance, an obstinate affection. While I say this, I am at the same time convinced, that if patients will submit to the remedy, there is one way by which they may, in by much the greatest number of instances, be cured. And in this way a cure is frequently effected by an old woman in the neighbourhood of Edinburgh, and by many others in different parts of the kingdom, after the aid of regular practitioners has been tried in vain.

The principle upon which her remedy acts, which is by no means an uncommon one with other practitioners in the same style,

style, is very obvious. There is little doubt that tinea is one of those cutaneous affections which is to be considered as a disease of the roots of the hair. We may therefore look for a radical cure on one of two grounds; either by removing the diseased parts, or by destroying them. It is on the first of these principles that the practice to which we now allude proceeds. The practice is the application of a pitch plaster to the head; which is allowed to remain so long as to be firmly impacted in the hair, and then it cannot be removed without entirely pulling these along with it. On such removal, the cure from this practice solely depends. Yet although it be an effectual cure, it must be allowed it is a very severe one; and it is indeed so cruel, that few regular practitioners will, I believe, be found to venture upon it. It is on this account, therefore, that, in the present case, I have chosen rather to direct my endeavours to the destruction of the morbid parts; and with this view had recourse to corrosive sublimate: a medicine,

cine, the effects of which, as a peculiar stimulus on topical application, is unquestionably very great ; and in other instances of the tinea, I have seen it attended with the best effects. With the present patient, however, I cannot say that its effects have been such as I expected. At the same time, it has been followed by evident good consequences, at least to a certain extent ; and although it did not entirely remove, has at least diminished the affection. Probably also it aided not a little the medicine which was afterwards employed ; for I found it inconvenient, in the present case, to continue the application of the corrosive so long as I proposed, as it was in some respects productive of more than was intended. The poultice being firmly impacted in the hair, was likely to operate in the same way as a pitch plaster. This led me to substitute to the solution of corrosive the use of the verdigrise. This application also is not uncommonly employed in the present complaint. From the use of this I obtained a much greater effect

effect than I expected: for in a week after this unction was begun, I found the head as free from scabby eruptions as if it had never been in such a diseased state. I would not, however, entirely ascribe this to the verdigrise; and I am persuaded, that the good effect resulting from it was the more remarkable, in consequence of the previous application of the corrosive. But whether it be from one or other, or from both of these medicines, we have obtained, if not a permanent, at least a temporary removal of this affection. And while the patient is in her present state, the next object of cure is the deafness.

Here, I must own, I am somewhat at a loss on what principle I am to proceed; chiefly, as I am in great doubt respecting the cause of the deafness. In the greater number of cases, however, we may consider deafness as arising from one or two sources; either from the want of free communication for an impression on the extremities of the auditory nerves, or the want of due sensibility in the nerves when im-

impressed. How far either one or other may have any concern in the present case, I am at a loss to say: or if the communication be obstructed, I am entirely ignorant from what particular cause it arises. I must own, therefore, that any trials which I shall make with a view to the cure are but random ones.

When we consider that this affection succeeded the cure of the former eruption, there is some presumption that it may have been the effect of a change of circulation. Hence there is at least one chance of restoration by another change of balance. With this view, therefore, I meant to try the effect of supporting for some time a running from the neck. To this measure I was the rather induced, as I expected from it some good effects, as preventing a return of the eruption. It will not only be a drain from the neighbourhood of parts formerly affected, but also produce a change of determination in the circulation on the surface of the head. This, therefore, I considered at least as a reasonable

able trial. If, however, I shall find it ineffectual, I must have recourse to other trials. And with this view, I mean first to pay attention to the state of communication for impression.

There are few measures, perhaps, more effectual for removing obstructions in the passage to the auditory organs, than syringing with warm water: and it has, farther, the advantage of being no improper method of augmenting secretion when diminished; and thus giving a proper condition to the parts fitted for the communication of sound. If it be in this way insufficient, other measures may be tried. Recourse may be had to the stimulus; which is given by camphorated oil introduced into the ear from being dropped on cotton. Where a stimulus is necessary, I have been informed that there is often a good effect from Burgundy pitch, introduced into the meatus auditorius, when formed into such a shape as to be readily put into it. But in order to prevent its attachment to the meatus auditorius, it
must

must be properly covered with a bit of gauze. This, I am told, was frequently done by an empiric some time ago in this city, who confined his practice entirely to the cure of deafness; and who is said to have succeeded with this simple remedy, where regular practitioners had failed.

I must, however, observe, that I speak of this remedy only on the report of others; yet I cannot help thinking, that it is one which, in some cases, may be productive of inconvenience. For notwithstanding the covering with gauze, should the pitch melt in the ear, it may give much uneasiness. And it is to be remarked, that the *pix Burgundica* is one of those articles in the *Materia Medica* which is very frequently adulterated. Indeed, the history of the preparation of it, as brought from Saxony, where this article is prepared, is not well ascertained. Some imagine that it is nothing else but common turpentine boiled up. But whatever may be the original composition or preparation of it in that country, there is

no doubt that there are some in the habit of making it in Britain, from a mixture of turpentine, with a proportion of rosin. From this circumstance, probably, we are to account for its having very different degrees of consistency; and according as its consistence is more or less firm, it is more or less apt to melt. Unless, therefore, there be reason to presume that it is productive of good effects, in another manner than from its operating as a stimulus, I should rather be disposed to try some other practice. As a stimulant, I should expect more from camphorated oil.

Perhaps we may consider the introduction of garlic into the ear as being in this way more powerful than either of these articles. The small bulbs of the root of garlic, or cloves, as they are called, are frequently employed in this manner as a cure for deafness by the common people of this country. And should the trial which we have already proposed, fail of producing the desired effect, I mean rather

ther to try this than the *pix Burgundica*. Besides altering the state of secretion, there is also reason to expect some effect from it, as altering the sensibility of the nerves: for on the want of due sensibility, as we have already hinted, rather than on the state of the passage, the affection may depend. And it is with this view that, before dismissing the patient, I have thoughts of trying, for the cure of her deafness, the effect of electricity. If all these means prove abortive, I shall, I own, have but little expectation of obtaining a cure. And however distressing this disease may be, it is an affection which, in many instances, is neither to be cured nor alleviated.

Of the treatment necessary for the swelling of the belly and the vomiting, I say nothing; for I apprehend they will require little else than the regulation of diet. In this manner, then, I have given some view of the treatment already prosecuted, and hereafter intended, with the present patient. Yet it is not impossible, that from the recurrence of former symptoms,

or from fresh appearances, I shall be obliged, in different particulars, to alter the plan here proposed.

SEQUEL.

This patient, during her farther continuance at the Dispensary, remained entirely free from any return of the tinea capitis: And as, from the employment of the issue, conjoined with the camphorated oil, her deafness was considerably relieved, no farther trials were thought necessary for that affection.

XV.

A Case in which Anomalous Symptoms, arising from an Intermittent Fever, were treated by the Peruvian Bark.

D—M—, a man aged twenty-nine, by occupation a chairman, admitted Feb. 7. complains of obtuse pain, and frequently

quently also of coldness, in the small of his back. It is in general attended with shivering. From the small of his back the pain sometimes extends across the lower part of the abdomen, and occasions, as he says, a temporary swelling there; during which his respiration is considerably affected. At other times the pain ascends along the course of the spine, and affects the muscles of his neck to such a degree as to prevent him from moving his head. It affects also his jaws, face, and gums. In the last of these it occasions a transitory soreness, and has loosened some of his teeth.

His pulse is natural, his appetite is unimpaired, and his belly loose. His urine is sometimes pale and limpid, at other times of a very high colour.

Twelve weeks ago, in coming from the harvest in England, he was attacked with a pain in the abdomen, attended with vomiting and purging. To these succeeded the pains of which he has ever since complained, and by which he is now rendered
very

very weak. He imputes his complaints to fatigue in coming home. He has taken many medicines without any relief.

℞ *Elixir guajacini volatilis,*
Syrupi simplicis, singulorum drachmas
tres. M. Fiat haustus hora somni su-
مندus. Repetatur omni nocte.

February 15. The draughts have gently opened his belly, but have produced no sweat. His pains are rather increased; and he has been much affected, since four o'clock in the morning, with the shivering and coldness, which he now thinks returns with increased severity every second day. *Intermittatur medicamentum, sed capiat hora septima vespertina pulveris Ipecacuanhæ scrupulum unum pro emetico; et*

℞ *Calcis zinci grana tria.*
Pulveris valerianæ sylvestris semidrach-
mam. M. Fiat pulvis sumendus ter quo-
tidie.

February 22. The vomit operated well, and the powders gave no uneasiness: but

he is still affected with the shivering and coldness returning ever second day. And he observes, that it is particularly severe when the wind is from the east. He still continues to be frequently affected with the pains and with returns of the swelling of his abdomen as formerly. Belly natural; pulse 94.

Repetatur emeticum hora septima vespertina. Continuetur calx zinci, sed constant singulæ doses ex granis quinque.

March 1. The vomit operated well, and he has continued the powders regularly. The pains with which he was at first affected are now much easier: but for several days past, he has been attacked regularly every evening at seven o'clock with a shivering fit, and has afterwards sweated profusely during the night. Pulse 84; belly regular. *Capiat, hora quarta pomeridiana, pulveris ipecacuanhæ scrupulum. Cras mane capiat alternis horis pulveris corticis Peruviani scrupulos duos, donec uncias duas sumpserit.*

March 8. The vomit operated well, and
he

he has taken the Peruvian bark regularly. He has had no return of shivering for these four days past, and his pains are considerably easier: but he is still at times affected with some degree of swelling. Pulse 80; belly regular. *Continuetur cortex Peruvianus, sed capiat tantummodo semidrachmam vesperi et mane.*

March 15. He continues much easier, and has had no return of any shivering fit. *Continuetur cortex Peruvianus.*

March 22. Continues free from any return of the shivering fits; and he is now affected with none of his other complaints, except some slight remains of swelling about his face and gums. Let him be dismissed.

OBSERVATIONS delivered April 5.

The case of this patient, in no very long time, terminated favourably in our hands. I must, however, own, that I should not have been disposed to give such an opinion when he came first under our care.

On considering the case of this patient, I was inclined to look upon it as a singular affection; and I acknowledge, that I so far mistook the nature of it, as to treat it at first in a manner which I would not have done, had I properly understood it. In the very accurate history of this patient's complaints introduced into the register, you will find a collection of symptoms somewhat anomalous. The chief complaints, however, were pains, attended with swellings. But both the one and the other were in their nature transitory; and beginning at a particular part of the body, they were propagated from thence in different directions. They occasioned at the same time temporary affections of different functions, particularly respiration. Many, however, remained unaffected. The appetite was unimpaired, and the pulse natural. These complaints were referred by the patient to a particular cause, viz. the influence of fatigue from walking. From this view of the complaints, I was, chiefly, doubtful in
opinion,

opinion, whether we ought to consider it as a rheumatic or a nervous affection. In the symptoms here described, it will not be denied that there is some resemblance to both. The temporary swellings were rather in favour of the supposition of rheumatism; yet in the attack and progress of the paroxysm, it had more resemblance to a nervous affection: And this supposition was in some measure corroborated by the affection of motion produced; for during the attacks, at least after the pain had made a certain progress, he was unable to move his head.

On these suppositions the treatment of this case was at first begun. I had soon, however, reason to suspect, that neither the one nor the other supposition which I have now mentioned, was well founded; and the patient's disease put on an appearance which led to a different conjecture. He was attacked with his complaints more regularly at a determined hour; and the shivering at each attack, which had been observed even from the commencement,

became more severe. From this circumstance I was first led to think that it might be an anomalous intermittent: and this conjecture is since, I apprehend, in a great measure verified by the method of cure which has proved successful. Perhaps few diseases, with respect to their appearance, are subject to greater varieties than intermittent fevers. Of this sufficient proof may be had from consulting the elaborate work of Mr Sauvages. You will there observe under how many different forms all the types of intermittents have been concealed.

This supposition is further corroborated by another circumstance in the case. For it is to be observed, that there is here a probable cause which might have produced an intermittent. The patient, indeed, himself ascribed his complaints to fatigue. But immediately before the commencement of the disease, he had passed the harvest in Lincolnshire. The people in this country are much in the practice of hiring themselves for the harvest-work in Lincolnshire and other fenny counties;
from

from whence they often bring back intermittents: and to these they are exposed, both from the marshy state of the country, and the season of the year. I considered it therefore as more probable, that the disease had its origin there, than that it arose from the fatigue of walking home. Perhaps I may add, that this is still further corroborated by the method of attack. It began with vomiting and purging; a circumstance by no means unfrequent at the commencement of fevers of the intermittent kind.

I must own, however, even after adopting this opinion, I was still very doubtful as to the prognosis; and at no period of the affection did I look with any confidence for success. Even on the supposition of an intermittent, I suspected that the complaint would be tedious: I suspected this would be still more the case, if it should turn out to be a nervous affection; and the opinion of its being a rheumatic complaint, was of the three the least probable. With respect to the termination, however, I was happily disappointed;

pointed; for, from the practice adopted in intermittents, the patient soon recovered.

I must, however, observe, that even yet there is no absolute security as to the cure; for during the spring season, in particular, intermittents are apt to recur. But should the patient again apply to us from suffering a relapse, we need not be alarmed; for after the disease has yielded so easily already, we may entertain hopes in future that it will not prove obstinate. And, at any rate, spring-intermittents, if the symptoms be moderate, are by no means dangerous affections; and, for the most part, as the season advances, they disappear even without medical aid.

Our practice with this patient was at different times conducted on very different plans; which was solely the effect of uncertainty, and I must even acknowledge of mistakes, with regard to the nature of the disease. On the supposition of rheumatism, I began the patient with the use of the elixir of guaiacum; a remedy of which

I have had, oftener than once, occasion to speak, and from which, in some instances of that affection, I have seen the best consequences. On the complaints, however, of the present patient, it had no effect; and at the same time the accession became more regular. This led me to the opinion that the affection was of the nervous kind; and imagining that the pains might be the effect of periodical spasm, I had recourse to the calx of zinc. That we might be more certain of its action, I premised to its use the employment of an emetic. These medicines, however, were not attended with any better effect: And at length the regularity of the fits continuing with increased shivering, I was led to the opinion of its being an anomalous intermittent. On this supposition, I resolved on the trial of the common cure, the Peruvian bark. Even supposing the affection to be of the nervous kind, I was of opinion that it would not be productive of any bad effect; and if it was an intermittent, I had good ground to hope for a cure. The event,

event, as I have already observed, verified this conjecture; and the patient, by the use of the bark, was soon freed from all his symptoms. I did not, however, reckon it prudent immediately to intermit the use of the bark; for by this means such fevers are frequently suffered to relapse, when that would not otherwise be the case. I continued him therefore with the use of it for some time after the symptoms were in a great measure ended; yet I gave him only a dose every morning and evening. During all this time there was no symptom of a relapse; I reckoned it therefore unnecessary that he should continue attendance any longer. And as I have not since heard of him, I presume he continues in perfect health.

SEQUEL.

THIS patient continued free from all the symptoms with which he had been affected, and returned to his usual employment of a chairman; in the exercise of which he continued at the end of several months in perfect health.

XVI.

A Case of Dysphagia, cured by the use of Electricity.

J— W—, a married woman, in the thirty-first year of her age, admitted February 14, 1777, complains of difficult and painful deglutition, especially on attempting to swallow any solid aliment. This occasions so much uneasiness, that for these six months past she has not eat any thing, but has lived entirely upon food in a fluid state; which she can swallow without much inconvenience. Upon inspecting the fauces nothing can be seen. But she thinks that she can feel two small vesications or ulcerated fores at the root of her tongue. Her pulse and belly are natural, and her menses regular.

She was first affected with this complaint about twelve months ago, without
any

any evident cause. Not long after it first began, a tumour appeared in her throat, which suppurated, and soon again disappeared. Since that time she has been affected with similar tumours, which have always gone off without coming to suppuration. She has taken mercury to a very considerable extent; and likewise many other medicines, with the nature of which she is unacquainted. But she has derived no benefit from any of them.

Eliciantur scintillæ electricæ e faucibus externis ter in septimana, et capiat omni nocte tincturæ fuliginis drachmas duas hora decubitus.

February 22. She has some sickness at stomach, from the tinctura fuliginis. She has been thrice electrified since the 15th; and she thinks that she can now swallow with more ease; but she still complains of constant pain in her throat.

Intermittatur tinctura fuliginis, continuetur electricitas ut antea.

March 1. The electricity has been regularly continued. She still complains of
the

the pain in her throat; but she now swallows solid food with much more ease than she has done for these six months past. She now complains much of uneasiness and swelling at her stomach from wind, which returns every day about noon.

Continuetur electricitas; et

℞ Tincturæ aromaticæ unciam unam.

Aquæ menthæ piperitidis uncias quatuor.

M. Capiat semunciam quotidie hora undecima ante meridiem.

March 8. She still continues to swallow with much more facility than formerly, and her stomach-complaints have been considerably easier since she began to use the mixture; but she is still much affected with the pain in her throat. *Continuentur medicamenta.*

March 15. She is now free from her stomach-complaints, and she swallows solid food with very little difficulty. But she still complains of some fixed pain, which is now chiefly confined to the left side of her neck.

In-

Intermittatur mistura. Continuetur electricitas; et illinatur oleum camphoratum parti dolenti cervicis, omni mane et vespere.

March 29. She did not get the camphorated oil, as was ordered; and, as she has been for some time in the country, the electricity has been omitted. She has now no difficulty in swallowing; but she still complains somewhat of the fixed pain in her throat.

Intermittatur electricitas; sed utatur oleo camphorato ut antea u. a.

OBSERVATIONS delivered April 12.

The disease of this patient, both in its nature and appearance, is very peculiar. The affection consists of one symptom only, difficult deglutition. This is well known to occur as a symptom in various diseases; and it is in particular often observed in cynanche.

But, besides this, it is considered, in most nosological systems, as constituting a particular genus of disease by itself. In the

system of Mr Linnæus, it is termed Aglutitio; in that of Vogel, Oesophagismus. But, of all the nosologists, the most minute and accurate account of it is given under the article of Dysphagia by Sauvages. To this genus he has referred no less than nineteen different species; all of them instances in which difficult deglutition arose from different causes: Yet the description of none of them, by any means, corresponds to that in the case now before us. Of these some, as the paralytica, afford examples of its proceeding from want of the moving power; others, as spasmodica, from the effect of stricture occurring in the effort to swallow: and all the others arise from some particular local affection about the pharynx or œsophagus. He has mentioned no one, however, which was the mere effect of pain in the action of swallowing without any obvious cause; and that, too, where the pain was so situated that, if there was any local affection, it must necessarily have been visible. As far, however, as our observation went, no

obvious affection could here be discovered. The patient herself, indeed, alleged that she had a feeling in her throat resembling that which might be supposed to arise from a vesication: and a gentleman who had occasion to treat this patient before she came under our care, thought that at one time he could discover something of this kind. Yet although such might then have existed, I can have little doubt that they had disappeared before she came under our care.

At the time, therefore, when we began the treatment of this patient's case, we are to consider her as subjected to difficult deglutition, not from obstruction, but from pain; and that pain, too, arising from parts which were visible on inspecting the fauces, and seemed to be affected with no apparent disease. I have never before had occasion to treat any case where the symptoms were similar to the present: and here, I apprehend, there is no room for entertaining any suspicion as to the reality of the affection. The patient could have

no object either in deceiving us, or those under whose care she had been before we treated her ; and she showed no indication of that state of mind which would lead her to deceive herself. Besides this, previous to her coming under our care, she had been subject to diseases of the throat ; in which, on different occasions, the symptoms were obvious. These are described in the history before us, according to the account given by the patient herself. I may now, however, add, that in the former throats there was something which she did not mention to the gentleman who drew up the history. Although she be a woman of a decent appearance, yet her former throats were venereal. It was on this account that she had taken the mercury mentioned in the history ; which, although it healed the ulcerations in the throat, had no effect in removing the particular pain on deglutition.

As to the cause of the present disease, then, I have little doubt that it derived its origin from a venereal infection, and from

that, too, as inducing a venereal sore throat. Yet I reckon it to be a matter of very great uncertainty, how far it could properly be considered as a venereal symptom, when we began the treatment of this case: that is, how far it could be viewed as still depending on the venereal virus. I must own, that as it had already resisted mercury, and as there were no obvious appearances, I was inclined to consider it in a different light. From the circumstance of the patient being able to swallow liquids and not solids, it is evident that the pain was not given by the effort to swallow; for with a bolus of a proper size, less effort is required than in the deglutition of fluids. Accordingly, it is not unfrequent in the angina, that patients have more pain in swallowing spittle than solid food: altho' there are certain states of the inflamed parts in which the pain must arise from the touch of any solid; and then, probably, it arises from the augmented sensibility of the nerves, in consequence of their being put upon the stretch.

I considered the present case, then, altho' of a different nature, yet to be in some measure analogous to this. I viewed it as an instance of an increased sensibility of the pharynx, from a peculiar state of the extremity of the nerves; and I supposed this state of the nerves to have arisen there from the venereal affection to which these parts had been formerly subject. This, then, is my idea of the nature of the disease. Were I to give a name to it, I could only refer it to the dysphagia of Mr Sauvages; and to the different species which he has enumerated I would add another, under the title of *Dysphagia Dolorosa*. But how far either the name is proper, or the conjecture well founded, may perhaps be matter of doubt. I am far from alleging that the supposition now suggested is founded on any certain, or even very probable grounds. I am sensible that it is not only liable to many difficulties, but that there are other suppositions on which the phenomena might be explained. Yet, after attentively considering the case, I was

led to adopt the present conjecture, as what seemed to me least improbable. And I cannot help thinking, that by the effects of the treatment, and the termination which it already seems to have had, the conjecture has been in some degree verified; while, at the same time, nothing occurred during the course of the disease to lead me to alter this opinion.

I must own, that when this patient came under our care, I was very doubtful as to the termination of this case. I was, however, by no means disposed to form a favourable judgment: for supposing the conjecture to be well founded, no affections are more varied, as to their termination, than those of the nervous kind: they will sometimes yield in the most unexpected manner; and at other times will remain obstinately fixed without alteration, while even the most powerful medicines have been employed. When therefore it had already continued so long, I did not, I own, look for any sudden change for the better; and I imagined, that if such a
change

change did happen, it would be from the disease turning out to be of a different nature from what I expected. But, without that being the case, it has now, I hope, had a termination more favourable than I looked for. I would not, however, positively assert, that this patient is already radically cured; yet from the recovery being somewhat gradual, I cannot help thinking, that there is a better chance of its being permanent. And at the same time I must own, that I am disposed to ascribe it to the treatment to which our patient was here subjected.

Concerning the plan of cure to be followed in this case, I was no less uncertain than with regard to the prognosis. Yet I resolved to try something on the idea already suggested respecting the nature of the disease. It will perhaps seem strange, that with this view I should have had recourse to electricity; a remedy well known to be of singular utility as augmenting sensibility. From this circumstance it might be concluded very ill adapted to a case in

P 4

which

which I supposed the sensibility to be morbidly increased. I have, however, already oftener than once observed, that I consider the power of electricity as a medicine to be as yet neither thoroughly understood nor properly explained. For my own part, as far as I have been able to discover the action of electricity, I am persuaded, that it is not more useful in augmenting nervous energy where it is deficient, than in restoring to a natural condition, when it is morbidly affected in other respects. In what manner it produces such a change, I cannot pretend to say, at least with any degree of confidence. On this subject, however, I have sometimes indulged myself in conjectures; and these I shall not scruple to submit to your consideration. I consider morbid sensibility as depending on one of two circumstances; on the state of the sentient extremities of the nerves, or on the condition of the nervous fluid. I cannot help thinking that electricity may have some influence on both. It will affect the state of the extremities, from acting as a stimulus

mulus to moving fibres. It will affect the state of the nervous fluid, as every stimulus, applied to the extremity of the nerves, must communicate its effects to the origin. And by this means it may alter the state of action in the brain in general, or at least in that part of the brain furnishing secreted fluid to the nerves morbidly affected. For I am disposed to think, that the brain is to be considered, not as one secreting organ, but as a collection of secreting organs; and that the fluid separated at one time, which is conveyed into different nerves, may not possess the same general properties.

It was in expectation of such effects that I thought of employing it with the present patient. When I first directed it, however, I had some idea that the pain might also, in some measure, depend on a spasmodic affection: and it was on this account that, as an antispasmodic, I ordered the *tinctura fuliginis*: But from the pain being to some degree constant, and from the patient not complaining of any particular

cular sense of stricture, I was at last led to drop this opinion; and as the *tinctura fuliginis* occasioned sickness at stomach, I omitted it, employing the electricity alone. Here it may be proper to observe, that I employed electricity in the way of sparks only; as it is in this manner that it exerts principally its action on the extremities of the nerves; and this was the effect chiefly wanted in the present case. Even the first trials seemed to produce some good effect; and from continuing it for the space of a fortnight only, she swallowed more easily than she had done for six months before. She became, however, at this time affected with periodical complaints from wind in her stomach. But this I considered as merely an accidental circumstance, and unconnected with the disease already mentioned. Yet I thought proper to order for this complaint a mixture of the *tinctura aromatica* with peppermint-water, which in a short time was attended with the desired effect; and by the continuance of the electricity, the patient is now entirely free from

from any difficulty in swallowing, inso-
 much that I have not thought it necessary
 to continue it any longer. As, however,
 she still complains of some fixed pain, I
 have ordered friction of the parts exter-
 nally with camphorated oil, which I hope
 may soon remove it. But as this patient
 lives at a considerable distance, and is now
 gone to her own habitation, it is doubtful
 whether we shall after this hear much with
 regard to her. This, probably, will only
 happen if there be a return of the affec-
 tion. And if we hear nothing to the con-
 trary, I think we may infer that she con-
 tinues in good health.

SEQUEL.

This patient, after returning to her hus-
 band's house, which was at the distance of
 several miles from Edinburgh, continued
 for a short time the friction with the
 camphorated oil. The fixed pain gradu-
 ally went off, and she had no occasion to
 use any other medicine.

XVII.

A Case of Paralysis, treated by Electricity.

W—— **S**——, a boy aged six, admitted February 18. 1777, is affected with almost the total loss of the power of motion of his right hand. His right leg is also much affected in a similar manner. The hand and foot are somewhat incurvated; but the sensation of the parts affected is not much diminished. His pulse is natural, his belly rather bound, and his appetite somewhat impaired.

He has laboured under these paralytic symptoms for near five years past. He was at that time affected with small-pox, and soon after with the chincough and measles. These diseases were very severe; and to these succeeded the present affection, which has continued with very little variation ever since.

For

For the removal of the present complaint he used no medicines.

Accipiat, ter in septimana, ictus electricos quatuor ad gradum secundum, et eliciantur scintillæ electricæ e latere dextero.

March 1. The electricity has been regularly continued, and he moves both his leg and arm with greater ease since it was begun; and his mother thinks that the affected arm is now somewhat more plump and full than it was before the electrical sparks were drawn from it.

Continuetur electricitas, sed accipiat singulis vicibus ictus electricos sex ad gradum tertium.

March 8. He now moves his arm with much greater facility than formerly. *Continuetur electricitas, et accipiat ictus octo ad gradum tertium singulis vicibus.*

March 15. He continues to recover gradually the power both of his arm and leg. *Continuetur electricitas, et accipiat ictus duodecim ad gradum tertium.*

March 22. Continues daily to gain more power of motion in his arm. And he walks both with much greater ease and firm-

firmness than before. *Continuetur electricitas, et accipiat ictus quindecim ad gradum tertium.*

March 29. Continues to recover. *Continuetur electricitas, ut antea.*

April 5. Continues to recover. *Continuetur electricitas.*

April 12. Continues to recover both strength and motion in the affected side, and feels no inconvenience from the electricity. *Continuetur, et accipiat singulis vicibus ictus quindecim ad gradum quartum.*

OBSERVATIONS delivered April 19.

The case of this patient affords us an evident example of a disease with regard to which there is no room for doubt. In the affection to which this patient is subjected, we have an evident instance of paralysis. With this patient the power of motion merely is diminished, and the sensibility very little affected; while, at the same time, the circulation is, in a great measure, in its natural state in the affected part; and these

parts

parts are very little, if in any perceptible degree, wasted. At the same time, however, the extent of the disease is by no means inconsiderable. For here both the leg and arm of the right side are affected to an equal degree; and as this loss of motion is not accompanied with a want of sensibility, which is the only thing that could show evidently an affection of the other parts of the side, we may conclude, that the disease extends to the other parts also, and that the paralysis is really what may be called Hemiplegia.

By some, hemiplegia is considered as a genus of disease by itself. But if the term is at all to be used, it may, I apprehend, with greater propriety be employed for distinguishing a particular species only of the genus Paralysis.

In the present case you will readily conclude, that both for giving a prognosis, and for conducting the practice, several questions are suggested. And one of the first and principal in the present instance is, Whether the loss of motion proceeds
 3 from

from an alteration of the condition of the medium which conducts sense and motion, or of the channels by which that medium is conveyed? On the supposition that the latter is the case, it is next to be considered, Whether it depends on erosion, compression, or any other cause? And supposing compression to be the cause of the symptoms, whether that compression be at any part in the course of the nerves or at their origin? My conjecture respecting the present case is, that the cause is of a complicated nature. Here the disease seems evidently to have derived its origin from a long-continued succession of preceding affections. This patient was attacked with the small-pox, measles, and chincough, succeeding each other at very short intervals; and by these he was left in the present situation. Probably this state has been rather occasioned by their having given rise to compression, than by any other means. That this compression, however, does not act on the nerves in their course, is sufficiently proved from the ex-

tent of the disease. It would seem, that the operation is confined to one hemisphere of the brain. And there probably it acts as altering the state of secretion by that hemisphere; or, in other words, by giving a condition of action of that hemisphere, furnishing a nervous fluid with less than the natural degree of mobility.

This conjecture, with regard to the cause of the paralysis, in the present instance, would not lead us to a favourable prognosis; especially when, with a patient at a period of life when the constitution is subjected to so many changes, it has already subsisted for several years. By natural means, however, the compression, if it do exist, may yet be removed. And if this be effected from a restoration of a due action of the brain, the disease may be completely cured. But even without this, by artificial means it may yet admit of being alleviated. And it is with such a view that I have put the present patient on the use of electricity. For I imagine, that although the cause of the complaint remain, yet the action of the

brain may be so far altered, as to give at least a greater degree of mobility to the nervous fluid than it has at present. And this I wish to effect, both by shocks acting upon the system in general, and by sparks drawn from the affected parts giving a peculiar stimulus to the extremity of the nerves, and from thence communicated to their origin.

Our patient has now continued the electricity for some time, and it has unquestionably been so far productive of good effects. The arm has even in some measure changed its external appearance. It is somewhat more plump and full than formerly, and with this has recovered a considerable degree of motion. I may, however, observe, that the motion is as yet by no means completely recovered, and that the progress was greater at first than it has been for some time past.

Notwithstanding what has been done, therefore, there is some reason to fear that the present is one of those instances where although from the first appearances there
were

were flattering hopes, yet the electricity will not be sufficient entirely to remove the disease. I cannot help thinking, that this in some degree corroborates my conjecture respecting compression of the brain being the original cause; for this is an affection which electricity cannot readily remove. And, while this compression remains, although the action of the hemisphere of the brain affected may be in a great measure, yet it cannot be entirely, restored. If, however, he continue to attend regularly, I shall yet be disposed to use this remedy for some length of time, and that, too, without any other mode of cure being conjoined with it, principally that I may see what can be done in this case by electricity alone. If, however, I find that it makes no farther progress, I have next thoughts of recommending an issue in the neck; by which there is some chance at least of removing serous compression from the brain. And, indeed, if the compression be of any other kind, we can hardly now expect a removal of it.

The present is also a case where something may be expected from sternutatories. But I consider the patient as at too early a period of life for a trial of any strong medicines of this kind. And the same circumstance is also an objection to a mercurial course. In case of the failure of the means already suggested, then I shall probably dismiss this patient; recommending it to him to make trial of other remedies, when he is better able to bear them.

SEQUEL.

The electricity was continued for a few weeks longer, and the patient was then dismissed, without any other medicine being used. His complaints were not entirely gone, but very considerably relieved.

XVIII.

*A Case of Diarrhœa attended with bloody stools;
treated by different Astringents.*

M— **L**—, a woman aged fifty, admitted March 7, 1777, is affected with frequent dejections of feculent matter in a diluted state. The stools are sometimes streaked with blood, and attended with pain in her bowels. She also complains of tenesmus and flatulency; and she is frequently affected with headach: when she uses vegetables in food, she observes, that for the most part they are discharged undigested. Her pulse is natural, and her appetite unimpaired; but she is affected with thirst, particularly during the night; and her skin feels more dry than natural: her tongue, however, is moist. She has had no menstrual discharge for these six years past.

Her present complaints began about nine months ago, and she imputes them to cold. She has taken many medicines, but she has derived very little relief from them.

R. Infusi Japonici uncias sex.

Laudani liquidi guttas quadraginta.

Syrupi simplicis unciam unam. M. Capiat unciam unam omni nocte hora somni, nec non capiat omni mane decocti Campechensis uncias quatuor.

March 22. Has taken her medicines regularly, from which she feels no uneasiness at stomach. Her stools are now less frequent, and she is less affected with tenesmus than formerly. The matter discharged does not now contain any mixture of blood; but she still discharges much slime.

Continuentur medicamenta.

April 5. She has taken no medicines for these eight days past, and her looseness is now as frequent as it was before. There is a very great discharge of slimy matter, but no blood. Her pulse is about eighty
in

in the minute, but with frequent intermissions; which, however, do not occur regularly. She is affected with much thirst: and although her tongue be clean, yet it is more dry than formerly.

Intermittatur decoctum Campechense. Continuetur infusum Japonicum, ut antea; et

℞ *Pulveris rhei scrupulum unum.*

Magnesiæ albæ semidrachmam. M. capiat dosin hora octava matutina, alternis diebus.

April 12. She has still frequent loose stools; but she has discharged almost no slime since she began the powders, and she is in other respects easier. *Continuentur medicamenta.*

April 19. Her loose stools have been rather increased in frequency for some days past, and she complains of being more affected with sickness at stomach.

Intermittantur medicamenta; et

℞ *Laudani liquidi guttas sexaginta.*

Tincturæ rhei uncias quatuor.

*Syrupi simplicis uncias duas. M.
 capiat semunciam omni nocte hora
 somni.*

April 26. The looseness is considerably abated since she began her mixture.

Continuetur mistura ut antea.

OBSERVATIONS delivered May 16.

The disease of this patient, with respect to its name, may be the subject of some dispute. This is not, however, so much from any difficulty concerning its nature, as from the different senses in which the same terms have been adopted. There are some who consider gripes, tenesmus, and bloody stools, as always constituting dysentery. And in this sense, we would necessarily bestow that appellation on the present affection. By the term Dysentery, however, I would wish to understand a particular febrile affection, depending on a specific contagion. Of such an affection, in the present case, there is no room for entertaining
 any

any suspicion: and in the sense in which I would adopt the term, I have little difficulty in pronouncing the disease of the present patient to be a Diarrhoea.

The thirst and parched skin which here occur, are the natural consequences of a serous discharge from the system; while tenesmus and bloody stools, as far as they do take place, are merely the effects of an abraded state of the intestines. The want of the menstrual discharge for these six years past, is to be considered as the natural state of the system: for it is to be observed, that before this discharge ceased, our patient had arrived at her forty-fourth year; a period before which it is not uncommon that women cease to menstruate.

In the history of her disease, there is indeed one circumstance, which would lead some to consider the affection as being somewhat complicated; that is, the state in which vegetable matters are discharged by stool. We are told, that when these are employed in aliment, they come off undigested. This has been by many considered

as constituting a particular genus of disease; and in most nosological systems, it is distinguished by the title of Lienteria. I apprehend, however, that it is improperly considered as a separate genus; and I cannot help thinking, that Doctor Cullen has followed the best plan in conjoining it with the diarrhoea. The present instance even affords arguments for such a conjunction: for here the lenterical affection holds only in a partial manner; and although the diarrhoea be of long standing, this symptom has never gone to any great height.

Respecting the termination of this case, I am not entirely without apprehension. I cannot, indeed, as yet say, that it has had any considerable influence on the system. The patient is neither much weakened, nor, to appearance, of an exhausted habit. It has, however, already subsisted for some considerable length of time, and during that period has resisted the effects of various medicines: of the nature of these, indeed, we have not been able to receive information; but there are many probable grounds

grounds for presuming, that they have not been the least powerful. Since she came under our care, various articles have been used, without the effect of producing much change on her complaint. And with regard to this disease, it may be observed, that it is one which is apt to become habitual to the system. When this is the case, there is both greater difficulty in the cure, and greater caution is requisite in the conduct of it; as sudden means of checking the discharge are often followed by disagreeable consequences.

In such a case as the present, therefore, the object is to bring about rather a gradual than a sudden cure; and in attempting this in the present instance, many remedies, we are told, have been employed. Here, after the disease has been of so long continuance, there is little reason to suspect any particular cause affording irritation by which action may be induced; or at least, if such an irritating cause existed, I could not imagine it of that nature which could be removed by art.

In the present instance, then, I consider the disease to be the effect of an increased disposition to action, and augmented secretion by the intestines. At the same time, this augmented secretion does not seem to be the effect of increased determination to the intestines: for of this there is no evidence from the state of the pulse, of heat, or any other circumstance. I would therefore, upon the whole, consider the affection before us as principally proceeding from a relaxed and irritable state of the intestines; and the cure of it must depend on medicines capable of restoring the proper tone, which will have at the same time the effect of diminishing their irritability. This last is an end which is most immediately obtained, at least, by sedative medicines. And these, in the present affection, may be productive of good consequences. It is, however, to be observed, that although, as I have already said, I do not suspect any particular irritation to subsist constantly here; yet such may be occasionally generated.

And

And from the state of the bowels now described, I may naturally suppose there will occur a remarkable disposition to acidity; of which accordingly, at different times, evident indications have appeared.

It is on these general principles that I have already had recourse to the different medicines which have been used with this patient since she came under our care; particularly to the lignum Campechense, the succus Japonicus, and rhubarb, as astringents and tonics; to magnesia as an absorbent, and to liquid laudanum as a sedative. From all these the patient has obtained at least a temporary relief; and they would probably have had more effect, if she had continued to take them regularly without intermission. From inattention in this respect, however, after her complaints were somewhat abated, she had again a severe return. But since that, by the use of rhubarb, conjoined with a small proportion of liquid laudanum, they are again considerably abated. And if under this

this she continues to recover, I shall not think of changing it.

If, however, the looseness still continues obstinate, it is my intention to try with this patient a medicine which I have used but little, that is, the gum kino; an astringent from the vegetable kingdom, which has not yet found its way into the greatest part of the modern pharmacopœias: and what I think, indeed, somewhat strange, it has not even a place in the Pharmacopœia Suecica, which I consider to be one of the best pharmacopœias yet extant. Upon the authority, however, of trials related by Doctor Fothergill, which are published in the London Medical Observations, it has had a place in the Edinburgh Pharmacopœia; and as it is found to make a very elegant tincture, I have thoughts of trying it in that state. Should this also fail, I have thoughts of employing with this patient the Peruvian bark, at the same time conjoining it with a small proportion of an opiate; and from one or other of these means I am disposed to hope for a good effect.

effect. I must, however, observe, that in the removal of the present affection, much depends on carefully avoiding exciting causes. And by cold producing a determination to the intestines, or by acrid matter supporting irritation there, every other measure will be rendered abortive. I consider therefore the cure here as depending more upon attention and regularity on the part of the patient, than on any practice which we can employ.

SEQUEL.

Under the use of the mixture, with the tincture of rhubarb, this patient's looseness continued considerably diminished. And her attendance at the Dispensary was soon afterwards discontinued, without any other medicine being tried.

XIX.

A Case of Venereal Gonorrhœa ; with an inquiry, Whether Gonorrhœa depends on infectious matter of the same kind with that which produces Syphilis, or on an infectious matter of a different kind.

D—**R**—, in the forty-third year of his age, admitted March 25, 1777, is affected with a discharge of whitish viscid matter from the urethra. He complains also of much ardor urinæ, and is affected with a slight degree of phymosis. The inflammation attending it, however, is but very inconsiderable, and the prepuce little thickened. He is also frequently troubled with strangury ; pulse and heat natural, belly bound.

He first perceived the running about a fortnight ago. The other symptoms have since supervened.

He

AND OBSERVATIONS. 261

He ascribes his disease to venereal infection; but he is not certain of the particular time at which he received it.

He has taken no medicine except a gentle purgative, from which he thinks he derived some relief.

℞ *Pulveris salis nitri,*
 ——— *gummi Arabici, singulorum scrupulum unum. M. f. Pulvis quater indies sumendus.*

April 5. The running still continues. The heat of urine is as much as before; and he thinks that there is rather more swelling and inflammation at the point of the penis.

Continuetur pulvis nitrosus, ut antea; sed capiat, cras mane, salis Glauberi drachmas decem in aquæ ferventis uncias sex solutas. Et iterum repetatur talis dosi mane die Jovis.

April 12. The salts operated well; and the swelling and inflammation at the point of the penis are considerably diminished. He is also less affected with the ardor urinae; but the running still continues. *In-*

termittantur medicamenta, et capiat omni vespere et mane pulveris corticis Peruviani semidrachmam.

April 19. The running is considerably abated since he began the use of the Peruvian bark; and he is now but little affected with the ardor urinæ. *Continuetur cortex Peruvianus, ut antea.*

OBSERVATIONS *delivered April 23.*

Respecting the disease with which this patient is affected, there is no room for entertaining any doubt. There can be no hesitation in pronouncing, that, when he came under our care, he was affected with a gonorrhœa virulenta, or that peculiar discharge from the urethra which is the consequence of venereal infection. This, in the case before us, occurred in the most simple state, without any appearances indicating an affection of any other kind. And if it be not now entirely removed, it is at least so far relieved, that it is productive of very little inconvenience to him. I will
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not, indeed, from this pretend to say, that the discharge may not yet continue for some time: yet, I apprehend, there can be no doubt in pronouncing a favourable prognosis. And, indeed, unless farther appearances take place, I should consider farther treatment as unnecessary; or at least I should imagine, that it is only hereafter requisite that the patient should manage himself with a proper degree of caution respecting regimen.

In the treatment of this case, I have not employed many medicines; and at the same time, these were chiefly meant with the intention of obviating symptoms. Although I am disposed to think, that some of them have had a tendency to produce a radical cure; yet I look on the recovery to have been more the work of nature than of art. This, you will observe, was a treatment very different from what I should have been obliged to follow in any case of the syphilis. This naturally leads us to the consideration of the question, How far gonorrhœa and syphilis

are, as has generally been supposed, to be considered merely as different modifications of the same disease?

It has lately been the subject of debate, Whether the human race are subjected to one venereal disease only, or to two different affections? This question I had lately occasion to mention; but at that time I could enter no farther into the controversy, than barely to point out the general heads on which the dispute is founded. I hope, however, that no apology is necessary for taking a more full view of what I then said upon this subject; especially as it may be considered as a question which is not merely a matter of speculation, but connected with practice. And if I shall be able to render it probable that the diseases are in reality different, it will at least be a comfortable reflection for those labouring under a gonorrhœa merely, to think they are not from thence liable to be affected with syphilis. I am, indeed, far from imagining, that any thing I can say upon this subject will afford satisfactory evi-

evidence that the diseases are in reality different. Yet I must own, after considering this question, I am, of the two, rather inclined to this opinion. And I shall now present you with the arguments by which I have been led to adopt this sentiment. Before mentioning these, however, it is necessary to take notice of what is said in support of the opposite doctrine; and to endeavour to refute, or at least to invalidate, these arguments. In support of the opinion that the virus in gonorrhœa and syphilis are the same, many arguments are advanced. The four following, however, may be considered as those on which the principal stress has been laid.

1. It is observed, that both gonorrhœa and syphilis are very generally consequences of the same remote cause, that is, communication with an infected female.

2. It is asserted, that from a single instance of exposure to infection, a patient will be subjected to both the diseases.

3. It is maintained, that from the same female, and at the same time, one shall be

affected with syphilis, and another with gonorrhœa.

And, 4. it is contended, that an affection, beginning as a gonorrhœa, will, in consequence of improper treatment, be converted into syphilis.

These arguments must, at first sight, appear to be very convincing; and if they be well founded, to the full extent here mentioned, they would necessarily establish the doctrine, that the two diseases depend on the same infectious matter. On accurate examination, however, they will, I apprehend, by no means be found so conclusive as is in general imagined. Admitting some of them to be strictly true, the conclusion by no means follows, that the matter of gonorrhœa and syphilis are the same; and respecting the others, it will not be denied, that there is at least room for deception. To evince this, however, it is necessary to take a more particular view of them.

That both diseases, in by much the greatest number of instances at least, proceed

ceed from the same remote cause, cannot be doubted; and with males they may be considered as principally, if not even solely, derived from infection communicated by some female. This, however, is by no means a sufficient proof that both of them are of the same nature. And indeed this may be considered as merely a consequence of both diseases being chiefly seated in the organs of generation. But it is not more unnatural to suppose two different kinds of infectious matter particularly acting on these organs than one. And this is no more an argument that the matter of gonorrhœa and syphilis are the same, than might be used to prove that the matter of the small-pox and itch are the same. For while the two former diseases are chiefly obtained in consequence of contact by the organs of generation, the two latter chiefly arise from contact by the surface. From the remote cause, then, nothing farther can be inferred than that both gonorrhœa and syphilis are the effect of actual contact. And contact is

capable of inducing both syphilis and gonorrhœa, when the matter is applied in other ways than by application to the organs of generation. Wherever the matter of the syphilis is properly applied to absorbents, as from suckling an infected child, from cutting a finger in opening a bubo, or the like, syphilis is produced. Application of the matter of the gonorrhœa in any other manner than by the organs of generation, is not so frequent. But in proof of the effects resulting from this also, there are, I apprehend, several facts which can hardly be disputed. An ingenious gentleman, a student at this university, about twelve years ago, oftener than once, gave himself a gonorrhœa by inoculation; that is, by applying the matter of the gonorrhœa to the point of the urethra on a probe. And it has further been observed, that the application of the matter of the gonorrhœa to other mucous glands, produces from these a discharge similar to that which arises from those of the urethra.

This, I think, is sufficiently confirmed
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by a fact, which I am well assured happened in this city some years ago. A young man labouring under a gonorrhœa, was obliged to employ his handkerchief for a short time to save his shirt. After obtaining other cloths, he imprudently put the handkerchief in his pocket; and, without being aware of the consequences, he used it in blowing his nose. The effect was a disease of the inside of the nose, and an affection of the mucous glands there, in every respect resembling the gonorrhœa. From these circumstances, then, it appears, that the present argument is by no means conclusive; and that the sameness of the remote cause proves nothing more than that both diseases are the effect of contact.

2dly, In proof of the matter being the same, it is contended, that from communication with an infected female for one time only, both diseases are often the consequence. This assertion I cannot pretend to deny: but it is far from proving the matter to be the same; and, indeed, is perfectly reconcileable to the idea of their being

being different. If the female be affected with both diseases, which is often the case, the patient is equally exposed to both. It is therefore no more a proof that the matters of syphilis and gonorrhœa are the same, than would be afforded of the sameness of the matter of syphilis and variola, if both these infections should be given by the same person at the same time. And there is no doubt that this has happened in several instances.

No one, however, is from this disposed to imagine that there is any similarity in the infection of these diseases. And, indeed, when we consider the condition of those by whom venereal infection is in general given, upon the supposition that the contagion of the two diseases is different, it can by no means seem strange that both infections should be communicated at the same time.

As a *third* argument in support of this hypothesis, it is contended, that from the same female one man will be affected with syphilis, and another with gonorrhœa. Of this you will hear of many instances; and

at first sight the argument must seem convincing. On accurate examination, however, such instances will be found to be much less frequent than is in general imagined. In the greatest number of cases, there is little certainty from whence the infection is derived: it is commonly ascribed to the most recent suspicious exposure. When we attend, however, to the lurking nature of the diseases, it will appear, that in this there is much room for fallacy. It is well known that syphilis will often appear at intervals of months after the infection has been communicated. I have known this also sometimes happen with regard to the gonorrhœa. Some years ago, I had occasion to treat one instance of venereal gonorrhœa, where the disease had not the smallest symptom of syphilis, and where it made its first appearance at sea at the end of four months from the time of any possible infection. From these circumstances, then, there is room for doubting the foundation of this argument, even when it is most positively asserted. But
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admitting it to be true, that two different diseases may be thus communicated to different males by the same female, yet this proves nothing, as it is by no means incompatible with the supposition of the two contagions being different. The female may as probably have been subjected to both diseases as to one only. And there is no difficulty in supposing that she had been the means of communicating one to each. Had she also been subjected to the itch, a third might have caught that infection, a fourth might have escaped without any disease, while a fifth might have had a conjunction of all the three. Even admitting, therefore, the assertion on which this argument is built to be no rare occurrence, yet it by no means proves that the contagions of syphilis and gonorrhœa are of the same nature.

The *fourth* and last argument which I think it is necessary to answer, is, that an affection which begins under the form of gonorrhœa, will, in consequence of improper treatment, be converted into a syphilis.

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Could this be established, it would unquestionably prove the sameness of the matter in both; and you will meet with many practitioners who will positively affirm that they have seen it. Here, however, there is more ground for deception than is commonly imagined; and on such deceptions the assertion seems to have been founded. It is often alleged to be the effect of astringents, injected at an early period of the disease. And it is not to be denied, that from an improper administration of these, bad consequences often result. In some instances they induce very considerable and obstinate inflammations: in others, and that more frequently too, they give rise to swelling of the testicle. Neither the one nor the other of these appearances, however, are to be considered as syphilitic symptoms; but as merely the effect of inflammation, induced by a sudden change in the state of circulation: and accordingly they are cured by the use of antiphlogistic regimen and medicines. It is indeed true, that there have been cases
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where syphilis has succeeded gonorrhœa. But this as frequently happens, when the gonorrhœa has been treated in the most judicious and cautious manner, as when it has been precipitately cured. Nor is it necessary for the explanation of this fact, that we should adopt the supposition of the two diseases depending upon the same matter, as it is very easily explained on the supposition of the patient's having received both infections, one of which, for some time, had remained latent. And this circumstance, we have already observed, frequently happens where only one disease has been communicated.

These I take to be the chief arguments adduced in support of the opinion, that the matters giving the infection of the gonorrhœa and syphilis are of the same nature. And from the examination of them, it appears that they are by no means so conclusive as is in general imagined. After endeavouring therefore to refute, or at least to invalidate, the proof of this hypothesis, I come next to consider the second supposi-

tion ; by which it is contended that the matter of the syphilis and gonorrhœa are in reality essentially different.

The arguments brought in support of this hypothesis are drawn from various sources, but chiefly from the following :

1. From the history of the progress of the two affections in different countries.
2. From the phenomena which they exhibit.
3. From the method of cure by which each is most readily overcome.

1. The history of the two affections affords many circumstances which corroborate the opinion of their depending on matter essentially different. This particularly appears from their progress in Europe and other countries into which they have been imported. It is very generally allowed, that, whether the diseases be in reality the same or of a different nature, both of them are but of a recent date in Europe. Of late, indeed, an elaborate treatise has been written by Mr Sanches, one of the physicians to the Empress of Russia, to prove that

that the venereal disease was not brought from America. But, notwithstanding what he has said to the contrary, I am still inclined to believe, that neither syphilis nor gonorrhœa were known till the discovery of America. The subject of the first appearance of venereal complaints in Europe has been more laboured by Dr Astruc than by any other writer. He has been at the utmost pains in collecting facts upon this subject. Upon his authority it appears, that both diseases did not appear at the same time in Europe, but that the syphilis had been observed many years before the gonorrhœa was known.

This, it may farther be remarked, has not been peculiar to Europe, but has held also of other quarters of the globe to which syphilis has been carried from Europe. Ssyphilis, for instance, was very soon imported into China; but we have the authority of Dr Astruc for asserting, that at the time when he wrote, gonorrhœa was but a very recent disease in that country. Probably, as being a less obstinate affection,

it was, from the length of the voyage, very generally cured before reaching that country: or, at least, though a running in some degree remained, yet the virulence might be overcome.

These facts are corroborated by an observation of still later date, that is, the importation of the venereal disease into the islands lately discovered in the South-Seas, particularly Otaheite. It is certain that syphilis was unknown there till these islands were visited by the late circumnavigators. And it is yet a matter of dispute, whether the first communication was by the French or English: for they were visited by both nations pretty nearly about the same time; and each nation seems willing to throw the odium of introducing it upon the other. But by whoever it was imported, it would appear that they carried there one disease only. I am informed by a gentleman, whose accuracy may be relied upon, and who visited Otaheite along with Captain Cook in his last voyage, that at that time the gonorrhœa was still

unknown to them. This, however, we could hardly suppose to be the case, did both diseases depend on the same infectious matter. Thus, then, from the history of the progress of these diseases, there are several circumstances which would lead to the supposition, that a peculiar infectious matter is necessary for giving each; and that the infection producing the one, will not give rise to the other.

The second set of arguments are drawn from the phenomena of the disease. Among these there are many particulars pointed out, which give a presumption that the matter of syphilis and gonorrhœa are essentially different. It is observed, that the syphilis, when neglected, uniformly increases in violence; and if it be not artificially removed, it will universally terminate in the death of the patient. The gonorrhœa, on the other hand, has no such progress; it is even a disease which, after running a certain course, has a natural tendency to cure: and, in many cases, if the patient lives moderately, and avoids causes

causes inducing inflammation, a natural cure will soon take place. Many practitioners are so much convinced of this, that they reckon medicines in this disease unnecessary, or merely direct such as may please and amuse the patient. I am far, however, from contending for the propriety of this practice to its utmost extent. I hold the use of some remedies to be in many cases of the utmost consequence. But still it must be allowed, that in other cases they may be neglected, without any great danger; and in general, the neglect is productive of no other effect than that of rendering the present symptoms more uneasy, and more tedious. There can, therefore, be no dispute, that, as far as respects the progress of the affections, the phenomena of the diseases are essentially different.

A second circumstance from the phenomena of the diseases marked out as demonstrating a difference, is, that the infectious matter of syphilis uniformly produces syphilis, and the infectious matter of gonorrhœa as constantly produces gonorrhœa.

I have already, indeed, observed, that, with regard to the matter giving infection in ordinary cases, we are in general in the dark. Few are fool-hardy enough to expose themselves where they are certain of the existence of either disease. But where the complaints of the person giving the disease are afterwards known, it is very generally observed, that, whether it be syphilis or gonorrhœa, the person infected receives the same complaint. Dr Boerhaave has positively asserted, that he never knew any one with the gonorrhœa alone give the syphilis: and he was, perhaps, as accurate an observer on this subject as any one either before or since his time. In general, it is as certain, that one gonorrhœa is the consequence of another, as that small-pox gives the small-pox. No one was ever infected with a gonorrhœa from cutting a finger on opening a bubo: no one was ever infected with a gonorrhœa from suckling an infant affected with syphilis. Besides, in no instance, where the gonorrhœa was received by inoculation,

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or the intentional application of the matter to the point of the urethra, by way of experiment, has any symptom of syphilis ever appeared. It would seem, then, that each disease is an uniform consequence of a particular infectious matter; and whenever we are certain of what nature that is, we may also be certain of the disease which will follow.

A third particular from the phenomena confirming the difference between the matter in the two diseases, is drawn from the diseases remaining so frequently separate. It must, indeed, be allowed, that they are in many instances conjoined; yet, in by much the greater number of cases, each runs its course, without the least appearance of the other. It has indeed sometimes been said, that gonorrhœa has been converted into syphilis: but it has never even been alleged that the syphilis has been converted into a gonorrhœa. We would naturally expect, however, that such an alternation should frequently happen, were the infectious matters the same. We would

naturally expect, that when the matter of the syphilis acts on almost every other part of the system, it should, by an action on the penis, induce a running. This, however, is not observed to happen. Hence, while there is so great reason for believing that it is applied, we are led to infer, that in its nature it is different from that giving rise to a gonorrhœa.

It has, indeed, been alleged, that in some instances gonorrhœa gives rise to syphilis. I have, however, pointed out several circumstances leading to ambiguity in this respect; and it is at least certain, that there are even but few instances in which it can be pretended that this happens; especially if we make a proper distinction between real syphilitic symptoms, and those, such as swelling of the testicles, and the like, which are the mere consequences of an obstructed discharge, and which are in no degree venereal. But were the infectious matter in the two diseases of the same nature, instances of the one arising from the other could neither be rare nor ambiguous. And,
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indeed, in every case where gonorrhœa existed, syphilis should follow. In every instance of gonorrhœa, infectious matter is necessarily applied to an innumerable multitude of lymphatic absorbents on the glans penis. It is certain, however, that, in by much the greater number of cases, there is no inconvenience from thence; and in ninety-nine at least of an hundred instances, there is no appearance of syphilis. We can only suppose this to happen, however, in consequence of one of two circumstances: either this matter is incapable of being absorbed; or, although absorbed, it is innocent. But whichever supposition we adopt, it leads us to conclude, that the matter of syphilis and gonorrhœa are essentially different.

The *third* and last set of arguments are those drawn from the method of cure. It is certain that the remedies by which the one is overcome, are essentially different from those curing the other. Formerly it was, indeed, the practice in every instance of both diseases, to employ mercury. And,

perhaps, where there is reason to apprehend that a syphilitic taint has been communicated at the same time with gonorrhœa, this is the most prudent course. But it is beyond dispute certain, that for the cure of gonorrhœa alone, mercury is not necessary; and it is even to be doubted if it be useful. The cure is more readily effected by more simple medicines.

There can be no doubt, on the one hand, that the treatment serving to remove gonorrhœa, is by no means fitted for the cure of the syphilis; and, on the other hand, that the treatment suited for the cure of syphilis, is not calculated for the removal of gonorrhœa. Of this there is undoubted evidence from attending to the cases of those who are unfortunate enough to labour under both diseases at the same time. Where this happens, recourse is usually had to the means of curing the syphilis, as being the affection from which the greatest immediate danger is to be dreaded, and from the continuance of which
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the greatest evils are to be apprehended. Under this treatment, indeed, the gonorrhœa will very generally be diminished; but this diminution takes place in no greater degree than would happen from the same length of time alone, conjoined with the antiphlogistic regimen. And the cure of the gonorrhœa is by no means in proportion to the influence which mercury has in healing chancres, discharging buboes, or removing other syphilitic symptoms. Besides, in very violent instances of the gonorrhœa, it is observed to be uninterrupted in its course, or even increasing in severity during the use of mercury to a great extent; while, at the same time, this mercury proves effectual in removing the symptoms of syphilis. Thus, then, there is no room to doubt, that, with respect to the method of cure at least, the two diseases by no means agree. And this, it must be allowed, is no inconsiderable evidence that they arise from infectious matter of a nature essentially different.

From all these circumstances taken together,

ther, I cannot help thinking, that this opinion, which I have now endeavoured to support, is at least in some degree probable.

I am far, however, from imagining, that what I have now thrown out will by any means afford conviction. I offer the present observations rather as the subject of future reflection, than as a ground for present decision: and I shall be glad, if these remarks shall lead you to examine facts with attention; for I apprehend, that it is by this means alone that the present controversy can be finally determined.

I must, however, conclude, as I have already observed, that from every view which I have been able to take of this matter, I am inclined to consider the diseases as essentially different. And on this opinion, the practice in the instance before us proceeded. Of this, then, it next follows that we should offer a few observations; and as we shall not probably again see much of this patient, we may now offer such remarks as are suggested.

In this case, before the patient came under our care, the disease had been nearly of a fortnight's standing. By this therefore I was precluded from the trial of such practices as might be supposed to operate, either by dissolving the mucus, to which the infectious matter adhered ; or by discharging it, from increasing the secretion. At the time when this patient came under our care, the inflammatory stage of the disease might be considered as nearly about the height. I thought, therefore, that it ought at first to be the principal object to mitigate this. The symptoms, however, were not in such a state as to require, with this intention, any great evacuations. And, I apprehend, that the more evacuant medicines can be avoided during the inflammatory stage of the disease, the less danger there is of the continuance of a running for any great length of time.

It was on this account, that at first I had neither recourse to bleeding nor purgatives. But, besides enjoining the antiphlogistic regimen, I directed, merely as medicines,
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the use of diluents and refrigerants. With the last intention, I employed powders of nitre with gum Arabic; with the first, the infusion of lintseed: from these I hoped, in some degree, to diminish the general impetus of circulation. I concluded, however, that they would still have more effect as counteracting the heat of urine; and by this means would obviate the most urgent symptom, the strangury: for I concluded, that this was solely the effect of the stimulus of the urine on parts, the sensibility of which was augmented; and this I expected to diminish from sheathing the acrimony of the urine by the demulcent quality of the gum Arabic and lintseed. But I expected still more benefit from increasing the proportion of the watery to saline parts, by the introduction of diluents into the system, and by the diuretic powers of the nitre.

From these practices, however, I did not reap all the good effects which I expected; and the state of the inflammation at next report was such, that I reckoned it necessary

fary to obtain a depletion of the system by cathartics. With this view, I had recourse to one of the refrigerant kind; the operation of which I reckon most certain, the sal Glauberi. From this, with the continuance of the former course, the symptoms of inflammation soon disappeared: And when there remained no symptom of any consequence but the running, I considered the state of the vessels to be the great object of attention. With the view of restoring to their former vigour the secreting organs in the urethra, the powers of the system themselves are often fully sufficient. And, unless either where the discharge is excessive in point of quantity, or where it runs on to a very great length, it is necessary, perhaps, to do but little. Where remedies are requisite, many may be had recourse to. And what I reckon amongst the most powerful of these, are cold-bathing and astringent injections. I did not, however, look upon either to be requisite in the case before us. I had therefore recourse to one which may, I apprehend, be
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more frequently employed with safety, that is, Peruvian bark; and which, under proper administration, is not without very considerable effects. To the extent, indeed, in which it was here given, I could not expect very great benefit from it. But when exhibited early in the disease, all that is requisite is, that it should be given in a sparing manner: for, unquestionably, it has some tendency to remove a disposition to inflammation; and in some particular constitutions, the running is even so suddenly checked by this, as to give rise to uneasy symptoms, particularly a swelling of the testicles. On this account I began the patient with the use of it, to the extent of a dram only every day. It was, however, my intention, if circumstances should require or permit it, afterwards to increase the quantity.

I cannot with great confidence affirm, that the Peruvian bark had here any remarkably good effect: but at least it was productive of no bad consequences; and I must own, that I am disposed to refer to it

it the diminution of the running which soon afterwards happened. And I am now inclined to think, that unless from imprudent management on the part of our patient himself, his complaints will in no long time have a favourable termination.

SEQUEL.

It was not found necessary to increase the quantity of Peruvian bark given to this patient. And as his symptoms disappeared, his attendance at the Dispensary was soon discontinued.

XIX.

An Hydrocephalus of the Cranium.

A— R—, admitted the 11th of April 1777, near three years of age, is affected with a considerable enlargement of the cranium, which has a monstrous appearance. The head measures in circumference, taken a little above the eyes, about twenty-eight inches; and from ear to ear, along the course of the sagittal future, it measures near sixteen inches. The whole upper part of the head is soft and elastic, and nothing resembling bone can be felt for a space of several inches in diameter. The same feel is also discoverable in the course of most of the futures, particularly in the back-part of the head, about the angle of the lamboid future.

Her mother thinks that she is also affected with total blindness. The pupils
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of her eyes are very much dilated, and cannot be contracted by the action of light, while at the same time there occurs an almost constant strabismus.

She is unable to walk or stand, neither has she ever been able to articulate; but at times she utters uncommon shrieks. She has frequently been observed to pick her nose and to grind her teeth.

Her pulse beats above an hundred strokes in the minute; but the heat of her skin is nearly natural; her appetite is voracious, and she drinks much.

More than two years ago she was seized with a fever, attended with convulsions, in a very severe manner. From that time her head has been observed gradually to enlarge, and all the other symptoms have supervened. At the time of her birth there was nothing uncommon in the appearance of her head. Her mother is inclined to attribute her disease to the fever, and she knows no other cause to which it can be assigned.

A great variety of medicines have been

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tried,

tried, with a view to the removal of her complaint; but without producing any diminution of the size of her head, or any mitigation of any of her other symptoms.

Applicetur emplastrum vesicatorium inter scapulas, et postea fiat fonticulus ope unguenti epispastici; nec non

℞ *Tincturæ jalappæ semunciam.*

Syrupi simplicis uncias duas.

M. Capiat cochleare parvulum omni semihora donec supervenerit catharsis. Et repetatur talis dosis bis in septimana.

April 19. There was a very copious discharge of water from the blister; but, notwithstanding the application of the issue-ointment, it is now perfectly healed. The mixture purged her briskly, and her belly still continues open.

Applicetur iterum emplastrum vesicatorium inter scapulas, ut antea; sed intermittatur mistura.

OBSERVATIONS *delivered June 3.*

This patient for some time past has not been brought to the Dispensary, probably from the place of her residence being at the distance of some miles from Edinburgh. Had she continued regular in attendance, she would rather have afforded us an opportunity of marking the progress of the disease, than of the cure. Respecting the nature of the affection to which this patient is subjected, there is no room for any doubt. From the first view of her head, the disproportion which it bore to the rest of her body could not fail to strike the most inattentive observer: while at the same time, in this enlargement, the face, unless in as far as it is formed by the bones of the cranium, had evidently no share. That part of the head, however, which in a natural state is occupied only by the brain, was here augmented to a very great degree.

Such an affection, though not every day

to be met with, yet upon the whole can hardly be reckoned an unfrequent occurrence with infants, infomuch that there are also two others subjected to the same distemper at present under our care as Dispensary patients. Such enlargements are universally found, on dissection, to arise, not from any morbid increase of the natural contents of the cranium, but from a dropical affection: And that the case before us affords a striking instance of the hydrocephalus, can admit of no doubt.

Under this general term, however, very different affections are comprehended. And, perhaps, there is no affection in which the symptoms are more varied, from the seat of the water. Practitioners in general divide this affection into Hydrocephalus externus and internus. By the last, they understand those instances where the water is deposited within the ventricles of the brain. By the first, all those cases where the water is exterior to the brain itself. If we examine the nosological systems, however, we will find that

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the definitions in all of them, except that of Mr Sagar, apply only to the external: And his definition is a very vague one; for it is no more than that the hydrocephalus is a dropfy of the head.

All the definitions into which the enlargement of the head enters as a characterising symptom of the disease, will by no means apply to the hydrocephalus internus, in the sense in which we would adopt the term: And this symptom of enlargement of the head enters the definition of all the other nosologists. By hydrocephalus internus, we would understand that disease which is so accurately described by Dr Whyte, that few practitioners who have read his work with attention will be at a loss to distinguish it, after it has made a certain progress. Although, indeed, in its earlier stages, it is a disease of a most insidious nature; and, till very lately, we may perhaps say that it was not understood. This I the rather mention, as the terms hydrocephalus interior and exterior are employed by Sauvages in a sense dif-

ferent from that in which they are commonly understood. By hydrocephalus interior, he means those cases where the water collected within the cranium distends and opens the futures, as in the instance before us. By the exterior he means those cases in which a mere anasarctous affection occurs partially to the integuments of the head.

From these different senses of the same term, difficulties may sometimes arise. I apprehend it would not only be the means of avoiding confusion, but would even farther serve some good purpose, at least in the prognosis, if the affection were divided into three species. These, indeed, properly speaking, are perhaps to be considered rather as distinct genera than species; at least if, as in other parts of the body, we suppose genera to be constituted by the cavity in which the water is effused. These I would distinguish by the following terms:

1. Hydrocephalus of the ventricles,
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when the water is situated within these cavities.

2. Hydrocephalus of the cranium, when it is situated between the brain and skull.

3. Hydrocephalus of the integuments, when it is situated totally exterior to the skull.

That the instance before us is of the second kind, can admit of no doubt. And although this be less rapid in its progress than the first kind of hydrocephalus, that of the ventricles, it is perhaps not less mortal. It has even been disputed whether there be instances of recovery in any case. To this opinion, however, I cannot agree; for I am persuaded that I have witnessed more than one instance of recovery even from hydrocephalus of the ventricles: and if this be the case, I will not be disposed to think that it may not occur with regard to hydrocephalus of the cranium.

Some, however, are so much persuaded of the fatal tendency even of the last, that they advise no measures to be taken during the course of it. They imagine, that if

these have have any effect, it will only be to hasten the death of the patient. I must then look upon the case before us, from the nature of the affection, to be of a very dangerous tendency; and there are unquestionably but faint hopes of cure to be entertained in cases much more favourable than the present: for it is here to be observed, that the disease is not merely characterised by the enormous increase of the size of the head. Though it has not given rise to all, yet it has produced several of the symptoms arising from the hydrocephalus of the ventricles; such, for example, as the strabismus, or peculiar squinting, the dilatation of the pupils, and loss of sight.

There is no doubt, that in the present instance, as well as in hydrocephalus of the ventricles, these are the effects of compression on the brain. And to the same cause we may also refer several other appearances in the case before us; particularly the inability to use the legs, and the want of the power of articulation, although the
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child be now above two years old. To these I think we may add, with respect to the intellectual faculties, as far at least as they can be judged of at so early a period of life, that there occurs, if not absolute idiotism, at least a very considerable degree of it. For of this, I apprehend, we had sufficiently strong evidence in the wild shrieks she emitted. From all these particulars, then, taken together, we may conclude, that the affection, in the instance before us, is in a very advanced state; and indeed it has already subsisted for near the space of two years.

I must, however, remark, that I have known instances of longer duration, and where the head had increased to a greater size, where the same appearances were not induced. And I have seen a child farther advanced in life with a much larger head, who could not only articulate, but was even extremely talkative. It would appear then, in the instance before us, that the progress of the affection, as destroying the powers of the system, had been great even
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for the time for which it had subsisted. And without a cure, or at least some alleviation of the complaint, there is little prospect that she will hold out much longer.

Besides what I have already mentioned, there is another circumstance to be taken into account in giving a prognosis in all such cases as the present, that is, the cause to which the affection may be referred. And from this, as far as it goes, I would in the present case rather draw a favourable judgment than otherwise. Often the disease begins without any perceptible cause; in which case there is reason to dread that it has its origin in the constitution. It is often a disease not supervening after birth, but born with infants: a circumstance which still farther demonstrates that it has its origin in the habit itself. But in the case before us, the disease was neither congenial nor without an obvious cause; at least this affection was attributed to a fever and convulsions with which she was attacked about two years ago. From that
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time the head was observed gradually to enlarge. It is true, indeed, these may be suspected to have been the consequences of the affection upon its first attack; and there is no doubt that the first stage of the hydrocephalus of the ventricles is marked by a fever. But as it is never observed to be a symptom of the hydrocephalus of the cranium, we may conclude that it was not so in the present instance. And as dropical affections, in general, are often a consequence of fever, we may infer, that this took place in the instance before us. But allowing the disease not to be original, but acquired, and the cause of the affection obvious, whatever foundation these circumstances might give for a favourable prognosis in other instances, they can afford but little ground for it in the present. For after the occurrence of symptoms indicating the affection of all the more important functions, a recovery would indeed be very extraordinary.

This, however, is, I apprehend, no sufficient reason why we should not make a
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trial of different practices: for I hold, that even in the most desperate cases, patients, while they will submit to treatment, are not to be deserted. In such desperate cases, I consider a practitioner as warranted even to make a trial of doubtful remedies. And even where he does not choose to employ such, there is, perhaps, no instance in which measures may not be taken, which, without danger of any prejudicial consequences, have at least a prospect of affording some relief. On these principles, then, I proceed to speak of the treatment in the case before us. It is evident that, as in dropical affections in general, there are here two great objects to be had in view.

1. The evacuation of the water already collected within the cranium.
2. The prevention of future accumulation.

Here, as in other cases, all the different modes of discharging the water may be referred to two heads, natural or artificial outlets. The former unquestionably furnishes us with the most safe, the latter with
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the most effectual, mode of evacuation; that is, by means of these we can at least draw off the water, whatever may be the future event of the disease. It must be allowed, however, that in this affection some of the artificial modes are very doubtful. Among these I may mention what of all modes is the most certain, puncture into the cavity containing the water.

Respecting the propriety of this operation, very opposite sentiments are entertained by the most eminent moderns. Some represent it as a mode of cure, not only free from danger, but never to be neglected. Others consider it as a certain means of precipitating the death of the patient. From my own experience on this subject, I can say nothing. I have never either directed this operation to be performed, or seen it tried under the direction of any other. I must own, however, I should not entertain from it any sanguine hopes of success. At the utmost, we can look for no farther benefit from it than from tapping in ascites; that is, it serves merely

merely for producing evacuation of the water, and not for preventing the return. And it is still matter of dispute how far, even in ascites, tapping is of any great advantage. Some of the most eminent practitioners in London, indeed, have lately recommended early tapping in very high terms: but I am well assured, that even those who were once the strongest advocates for it, are now much less fond of it than formerly; while others, and these too of the first eminence, condemn it very strongly in almost every instance.

If, however, evacuation by an outlet of this nature be exceptionable in ascites, it is still more so in hydrocephalus of the cranium. For it is well known, that in ascites, even the greatest inconvenience will arise if the discharge be not compensated by due pressure. Hence, before proper bandages were invented, it was given as a constant direction, that in ascites, the whole water should not be drawn off at once, but at different times; and if it is to be attempted in hydrocephalus, the same in-

junction must be observed. For here, from the state of the matter forming the cavity, *viz.* the bone, pressure cannot have any effect; or if the intervals betwixt the sutures may admit of this, yet it cannot have influence in an equable manner. Notwithstanding all these objections, however, when other remedies are ineffectual, and where the disease is evidently on the increasing hand, it is to be considered as giving the only possible chance of a recovery. And though, as the chance is unquestionably a bad one, it is never to be enforced; yet it ought, I apprehend, in such circumstances, to be proposed.

Perhaps there are few cases where the evident concurrence of circumstances require it more manifestly than in this before us. But to the operation, an unfurmountable objection is the mother's dread at the thought of it. By this, therefore, we were here determined to try what might with safety be done by other artificial or natural outlets. We have an artificial outlet, not only to appearance less formidable, but in reality

reality less dangerous, in that which is excited by blisters, especially when the discharge is continued under the form of an issue. From these, applied even to the head itself, there is less to be apprehended than in the hydrocephalus of the integuments, and more to be expected than in the hydrocephalus of the ventricles. Here, however, I chose to give the preference to the application of them in the neighbourhood of the head; which, while it is productive of nearly the same advantages, might seem less alarming.

It was my intention to have supported the discharge by the use of epispastic ointment. But although, from the blister itself, there was a very copious evacuation, yet, by the issue-ointment, the discharge was not supported, probably from want of a proper application. Perhaps, however, it is a matter of doubt, whether from this there is any real disadvantage; for if there be not an equal, yet, at least, there is a very considerable discharge obtained by repeated blisters: and to such repetition I
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had here recourse. What has been the effect of it, however, I have not since been able to learn. But, besides blisters, I employed also a mixture, with tincture of jalap, which I hoped would operate as a brisk purgative. This I directed as an evacuant of water by a natural outlet. But as of this I shall have more occasion to speak in other cases, I shall say nothing of it here. And of my future plans with this patient, I need make no observations, as we shall not probably see her again.

And in every case, I have been careful to

not to omit any of the necessary

did to bring the disease to a

This patient did not return to the Dis-

pensary; and as her residence was at the

distance of several miles from Edinburgh,

I have never been able to learn the event

of the case.

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A Case in which there occurred a peculiar morbid Sensibility of one of the Hands.

F—— R——, a man in the twenty-fourth year of his age, admitted April 15th 1777, complains of very violent pain affecting all the fingers of his left-hand, to such a degree as entirely to prevent him from being able to move them. They are all drawn in towards the palm of his hand; and he alleges, that even the slightest attempt to extend them, occasions the most excruciating pain. None of them are discoloured, or otherwise obviously affected. Yet even the slightest touch gives very great uneasiness; so that to avoid contact with other bodies, he is obliged to keep his hand constantly in a very large bag. In every other respect he is in good health. But the pain of his hand totally incapacitates

citates him from following any employment.

Twelve months ago he received a stroke on the metacarpal bone of the middle finger, near to the joint. This gave him much pain at the time, but produced no wound. It, however, prevented him from being able to extend his fingers for some time; and a few months after this accident, all his fingers began to contract; in which state they have continued ever since.

He has used warm fomentations, and a variety of other medicines, without effect.

Habeat fotum electricum per horæ quadrantis spatium ter in septimana; et nisi exinde vehemens oritur dolor, eliciantur scintillæ electricæ e manu sinistra.

April 26. He has been regularly electrified since last report, and the electrical sparks occasion some pain in his hand; but it is not of long continuance. He is now able to move his fingers a little; but the pain of his hand, on being touched, still continues as before.

OBSERVATIONS *delivered June 6.*

The disease of this patient furnishes us with an example of what I reckon a very singular affection. I must own, that I have never before met with any case which could be said very nearly to resemble it. Nor can I assign a place for it in any nosological system. Therefore, without attempting to give any name to this disease, we must try how far we can give any probable conjecture as to its nature. It is evident that the affection, whatever its nature may be, is totally a local one. It is confined entirely to the left-hand; and there marked merely by one symptom, that is, pain. The contraction of the fingers, and loss of motion, as far as we can learn, are to be considered solely as consequences of this. At the same time, there is no tumour, ulceration, inflammation, or any obvious cause from which we can suppose the pain to arise. It is well known, however, that all pain is
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the consequence of impressions communicated from the sentient extremities of the nerves to their origin ; and these impressions are varied by many different circumstances, particularly by the state of the sentient extremities, and by the condition of the nervous fluid. With these, in a certain condition, the force of the impression is either totally taken off, or greatly diminished ; while, on the other hand, when they are in a contrary condition, its influence is greatly augmented, insomuch that an impression, which usually is capable of giving very little, or rather no sensation, will produce even an excruciating degree of pain. From the supposition therefore of such a change in the state of the nervous fluid, we may, I apprehend, account for the singular affection in the case before us.

This patient is affected with excruciating pain on the irritation occasioned even by the most gentle touch, or slightest attempt to motion. And he complains even of constant pain, probably from that irrita-

tion which must ever be occasioned by the circulation, and such other causes.

But while such a supposition would afford some solution for this phenomenon, it is still farther corroborated by the cause inducing the affection. There can, I apprehend, be little doubt that our patient is right in his conjecture, in attributing the disease before us to a stroke. This stroke, although not so violent as to occasion any wound, produced such pain as to prevent, for some time, the use of the extensor muscles of the fingers; and, with the continuance of this pain, the sensibility soon arose to its present height; insomuch that he dreads the most distant approach towards his hand, even in the most gentle manner. There can, then, I apprehend, be little doubt, that by the stroke, though no wound was produced, an injury was done to some subcutaneous nerves; and that from this the disease is to be considered as solely originating. I would then consider the case of the present patient to be one of those anomalous affections of the nervous kind,

to which no name can be given, and which is rather characterised by its peculiarity, than by any particular symptoms.

To the present case, as I have already observed, I have never seen any thing very similar. Yet in the case of Janet Wilson, one of our patients during the winter-course, we had an affection which, to me, seemed in its nature something to resemble it. There, indeed, from the seat of the affection, I gave it the name of that genus of disease which the nosologists distinguish by the title of *Dysphagia*. But we had in her case, I imagine, an instance of difficult deglutition totally arising from increased sensibility. And from this also there was both a constant uneasiness, as in the case before us; and an excruciating pain on being touched by solid substances, as in the action of swallowing.

I have heard of a case still more nearly resembling the present, which is mentioned by a celebrated teacher of medicine at London in his lectures. In that case, without any evident diseased state, there was a pain

similar to the present, arising from the second joint of the thumb; and on the slightest touch the most excruciating sensation was induced. With this patient the affection resisted an almost infinite variety of means of cure; and even the division of the nerve leading from the thumb had no other effect but to produce a change in the seat of it. After the nerve was divided, the pain began, not at the thumb, as before, but immediately above where the incision had been made.

What, at length, was the fate of that case, I do not know. If we were, however, to form any conjecture as to the termination of the present, from what we saw of Janet Wilson, we should be disposed to form a favourable judgment. And I own, that I do not here see any thing which can greatly alarm us. I consider the patient, although he be in a very distressed situation, yet to be by no means in a highly dangerous condition. And, indeed, the nervous affections in general are more terrible than they are really dangerous.

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At the same time, in anomalous cases, a judgment should never be pronounced with very great confidence; and it is hard to say what turns they may sometimes even suddenly take. I am sorry, however, to observe, that, whatever may be the progress of this disease, we shall probably have but little opportunity of observing it; for our patient has now discontinued his attendance at the electricity, and I have not been able to learn where he lives. If, however, I can discover his place of residence, I shall reckon it worth while to attend to the disease, even although we may not be able to prevail upon him to make trial of any medicines. I must, however, own I am disposed to think, that without some artificial cure the affection will be very tedious.

Before he came under our care, his disease had continued, with very little alteration, for the space of twelve months; and during that time it had resisted the use of various remedies. It is not improbable that all our attempts, should he ever return
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to be treated here, will not be more fortunate. Had he, however, continued attendance with us, I should, at least, have given a fair trial to different medicines; from which, I apprehend, something might have been expected.

Here it will naturally occur to you, from what I have said of the nature of the disease, that I consider the great object in the cure to be the restoration of proper sensibility to the nerves. The sensibility of the nerves, where there is no obstruction to the intercourse with the sensorium, I consider as depending on two circumstances: first, on the condition of the sentient extremity; and, secondly, on the condition of the nervous fluid. And as I view the brain to be not one secreting organ, but a great number of secreting organs, I imagine the fluid may be morbidly altered in one nerve, while it is not so in another: and I am disposed also to think, that from an action on the extremity of any nerve, the state of secretion, at that part of the brain furnishing it with fluid, may be altered; for in
every

every case, impressions on the extremity of a nerve are immediately communicated to its origin.

On these principles, then, I consider the increased sensibility here as depending upon both the circumstances which have been pointed out. Perhaps, however, it depends more on a change in the state of the nervous fluid than in the sentient extremity of the nerve: at least, that this took place, with regard to the case to which I have compared the present, was evident from the uneasiness remaining after the nerve was cut, and from its arising above the incision. Supposing this, therefore, to be the cause of the augmented sensibility, the proper state is to be restored, both by an alteration in the condition of the nervous fluid with which the part is supplied, and of the sentient extremities of the nerves with which it is furnished.

Those who heard the observations which I offered on the case of Janet Wilson, will not be surprised that, with these intentions, I should have had recourse to electricity,

tricity, especially as I was disposed to imagine that it produced so good effects in that case. It may at first sight, indeed, seem strange, that I should have here employed, for diminishing morbid sensibility, a remedy which is known to be so powerful an agent in augmenting it, or restoring it when it is diminished or lost. But I am inclined to believe, that these effects are produced in consequence of its altering the state of secretion; and that by an analogous alteration, it will restore the nervous fluid to the natural state when it is otherwise affected.

But whatever be the principle of action, I am persuaded, from facts, that electricity is capable of diminishing morbid sensibility. And on these grounds I directed it to the present patient. In a case, however, where, from the slightest touch, exquisite pain was induced, it was necessary to begin with the utmost caution. On this account, I began by directing for our present patient the electrical fomentation; that is, the mere charging his body with electrical

trical fire. In this way of exhibition, I am of opinion that the electricity operates as a stimulus to the whole system. But it does not affect any part so immediately as if either shocks are given, or sparks drawn from thence. It was on this account therefore that, at the same time, I ordered that a trial should be made whether the patient was able to have sparks drawn from the extremity of the fingers of the left-hand. Almost contrary to expectation, I found that in this way he was able to bear it; for although it excited some pain, yet that pain was but of short continuance.

After he had but for a short time used the electricity in this manner, there was the appearance of some progress in the cure; for although the pain from the touch still continued, yet he was able to move his fingers a little. At this time, however, our electrical machine met with an accident, which necessarily gave an interruption to the use of this remedy, and it was not again got so soon out of the hands of the workman as could have been wished. During this

this period, the patient called several times without being electrified; and, after repeated disappointments, he at last forsook us. I must own, that I was very sorry for this; both on his own account, as I imagined that he had some chance of recovery from it; and on ours, as it prevented the trial which we had in view. If I shall ever fall in with him again, provided his disease is in the same situation, I shall advise him to renew the use of the electricity. Of other measures, however, which ought afterwards to be taken, should the electricity prove abortive, it is unnecessary to say any thing, since there is but little prospect that we shall hereafter have any opportunity of treating this case.

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As this patient never afterwards returned to the Dispensary, the future progress and the event of his case are not accurately known. But some of the gentlemen who attended the lectures met him
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some months afterwards in the street, and he informed them that his complaint still continued nearly in the same state as before. At that time he was under the direction of another practitioner.

XXI.

*A Case of Convulsion, treated with the Pilulæ
Ceruleæ.*

J—M—, a man aged twenty-nine, by trade a shoemaker, admitted 18th of April 1777, is affected almost every evening, soon after going to bed, with convulsive motions of different parts of his body, particularly of the legs and arms. The length of time for which these fits continue is considerably varied. Sometimes they last for half an hour, sometimes for the space of an hour, when they in general terminate by inducing a profuse

fuse sweat. During the continuance of the fit he is affected with dyspnœa and vertigo; and for the most part it is attended also with an involuntary discharge by stool and urine. Immediately after the convulsive motions cease, he in general falls asleep, and rests well during the night. He complains, however, of being much distressed through the day with a sense of weight and oppression about the præcordia; and he is also frequently distressed with flatulence.

His appetite is somewhat impaired; and his belly is bound, unless when he uses purgative pills. But his pulse and heat are natural.

He has been affected with these complaints for about the space of three weeks. Before that, he was never subjected to any similar affection; and none of his parents, or near connections, were ever known to be liable to any such disease. During the fits none of his senses are impaired; and he can speak to those around him, although not without difficulty.

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He imputes his affection to excessive drinking of strong liquors, with which he had been frequently intoxicated to a great degree before his fits began.

He has used some remedies with which he is unacquainted, and from which he has derived very little, if any, relief. He is at present in the habit of taking Anderson's pills, to such an extent as to produce two or three loose stools every day.

Intermittantur pilule catharticae, et

R. Laudani liquidi guttas viginti quinque.

Syrupi simplicis drachmas duas.

Aqua menthae unciam unam. M. Fiat haustus sumendus omni nocte hora somni; nec non sumat omni mane pilulam caeruleam unam.

April 26. He has taken his medicines as directed, and he has had no fit for these several days past. But, about eleven o'clock this forenoon, he had a slight attack. His belly has been very bound; and, in order to obviate the costiveness, he has had occasionally recourse to the Anderson's pill.

Intermittatur haustus; continuentur pilulae caeruleae,

cæruleæ, et capiat alternis noctibus pilularum ex colocynthide cum aloe grana decem hora somni.

May 9. He had a very severe fit on Wednesday last, which began about one o'clock in the morning, and continued near an hour. But he has had no other since the last report. He is, however, frequently affected with sickness at stomach, and with vomiting. He has in general an easy stool every day since he began the use of the purgative pills.

Continuentur medicamenta.

May 16. He has had no fit since the last report, and he has been but little affected with the sickness or vomiting: but he complains much at present of pain about the region of his stomach. Belly regular, although he has taken but few of the purgative pills.

Intermittantur pilule ex colocynthide cum aloe; continentur pilule cæruleæ, et capiat pilulam unam omni mane et vespere.

May 23. He had a severe fit on Friday night, and another on Saturday; but
since

since that he has had no return of them.

Continuentur pilulæ cæruleæ, sed capiat pilulas duas omni nocte et pilulam unam omni mane.

May 30. He has had no fit since the last report; but he complains much of sickness at his stomach; yet his appetite is somewhat mended.

Continuentur pilulæ cæruleæ ut antea.

OBSERVATIONS delivered June 10.

The case of this patient is, in some respects, singular; and affords, I apprehend, an example of a disease not every day occurring in practice. His disease consists of paroxysms which give evident indication of their being of the nervous kind. These, at their first commencement, were in some respects periodical, returning every evening at a certain hour. This state of appearances, however, was but of short duration; and in no long time he was subject to attacks of them with the same irregularity as if they had been fits of the hysterical or epileptic kind. It may far-

ther be observed, that to hysterical and epileptic fits, they had, in several particulars, some resemblance. And such affections, it is well known, are, in the present age, by no means an unfrequent occurrence.

It would necessarily, therefore, present itself as a probable supposition at least, that the disease of our present patient may be a peculiar modification of either. When we examine, however, the case with attention, strong objections occur to both suppositions. It cannot indeed be denied, that both diseases put on very various appearances; yet, amidst all these, there are certain characteristical symptoms, which, with each, are uniformly present, and which, whatever may be the variety in the appearances, serve to point out the true nature of the affection.

Hysteria, in every instance, is attended with a peculiar affection of the alimentary canal, and with a particular state of mind, the patient being subject to a remarkable fluctuation of spirits, both in
point

point of cheerfulness and despondency. No indication, however, either of the one or the other, is to be found in the case before us. The patient indeed, as might naturally be imagined, is something alarmed by the disease to which he has now become subjected. But, by this, the affection of mind which has been induced, approaches to the despondent condition attending melancholia or hypochondriasis; and there are no marks of that variable state of temper which is the concomitant of hysteria. Here, it must be allowed, that affections of the alimentary canal are not entirely wanting; and that these also constitute, as it were, a constant part of the paroxysm: For we are informed in the history of the disease, that the first attack of the fits was attended with an irresistible inclination to a discharge both of fæces and of urine. Such a discharge we must suppose to be caused by some involuntary muscular action. And it might proceed either from the action of the containing organs, as the bladder and rectum; or

from the action of other muscles, as the abdominal ones, giving compression to these viscera. On the last of these suppositions, which, of the two, is not the least improbable, we have, in this case, no proper affection of the alimentary canal. But, even adopting the first to be the real cause of the involuntary discharge, yet this is an affection very different from that murmuring of the belly, or sense of a ball rising to the throat, which occurs in hysteria. Besides, although this appearance at first took place, yet it has for some time ceased; and he has had, even of late, several very severe fits, where there was no such appearance. There can be no question, then, that the essential symptoms of Hysteria are here wanting, and that we must look for the affection under some other genus.

To the supposition of its being an epilepsy, another affection of the nervous kind, to which it has also some resemblance, there are still greater difficulties. Even in the convulsive agitations of the legs and arms, there is an obvious dissimilitude.

litude. There the motions are violent, but without rapid succession. In the case before us, they are of that quick nature which gives the ridiculous contortions in the chorea Sancti Viti. Besides this, a still more essential symptom of the epilepsy is here wanting; for, during the whole continuance of the fit, the patient retains every sense, and can even speak tolerably distinctly. But in epilepsy this is by no means the case. The senses, both external and internal, are manifestly affected. The recovery from the fit is, in general, with marks of delirium, and with incoherent speech. And I am even disposed to consider the total abolition of sense, at least for some length of time, as an essential characteristic of that affection.

In the present case, we have clonic spasms of voluntary muscles, without any affection of the mental faculties; and I look upon it as affording us a striking instance of the Convulsio, strictly so called. This affection, in different nosological systems, you will find distinguished by the

titles of Chorea, Scelotyrbe, Hieranosos, and the like. But although it be divided by some nosologists into so many genera, yet it is by no means a common complaint. I would not, however, be understood to represent it as never occurring. It is particularly known to practitioners under the form of what is called the Chorea Sancti Viti; a disease in which such odd motions occur, as afford at the same time an object of pity and of laughter. Besides this, according to the muscles affected, and the mode of the affection, it puts on various appearances. For the description of these I may refer you to the practical writers in general, particularly to Dr Sydenham. You will, however, find a remarkable case of this affection related by Dr White of York, in the fourth volume of the Medical Commentaries; and, from the history which he gives, it will appear, that this affection is, in some instances, much more distressing than it was with our patient.

From the favourable conclusion of that case,

case, I should be disposed to entertain greater hopes of the present than I would do otherwise. I must, however, observe, that, respecting the prognosis, I cannot here speak with very great confidence. I do not indeed see any symptoms which threaten imminent danger; and I have therefore endeavoured, as much as I could, to quiet the apprehensions of the patient. Such affections, however, are, in general, the consequence only of a change being, as it were, induced on the constitution. Hence, when they have once taken place, they cannot easily be removed. I should not therefore be surpris'd if the present case be found to resist the efficacy of medicines for some time, or even at length to baffle our utmost efforts.

Such a termination is the rather to be feared, as there is ground for presuming that the patient will continue to be subjected to the cause at first inducing the affection. For I have little doubt in adopting his own supposition, that it was the effect of frequent hard drinking. This is

generally enumerated among the causes of convulsio by practical authors, and is, I believe, one of the most common. At least, the only instance of proper chorea Sancti Viti which I ever saw, was, I apprehend, with justice, to be attributed to the same cause. And indeed the unsteadiness and shaking of the hands, which very generally occur from hard drinking, are perhaps not less an approach to this than to a state of paralysis.

Supposing this to be the cause, it is not to be doubted that he will again be exposed to it: for I am informed by the tradesman to whom this patient is a journeyman, that he has of late years fallen very much into the habit of drinking; a habit which, when contracted, is not easily relinquished. From this circumstance, therefore, I conclude, that the cure will as much depend upon himself as upon any thing we can do for him.

While he continues to attend us, however, measures may, I apprehend, be taken with some prospect of success. And I am
even

even disposed to think, that the disease has already, in some degree, yielded to the medicines employed.

I come next, then, to explain the principles on which I have hitherto proceeded in what I have already done, and briefly to state the future objects which I have in view.

I consider all muscular action to be the effect of nervous influence, whether the motion in that fluid be excited by the action of a stimulus, by the power of volition, or by any other means. I would then place the proximate cause of this disease in what we may call an inordinate motion of the nervous fluid. For exciting this motion a certain stimulus is requisite; and that this stimulus again may have effect, a peculiar irritability of the moving fibre is necessary. We may therefore consider two great objects as chiefly claiming our attention in the cure.

1. The removal of the exciting causes.
2. The removal of that condition of the moving

moving fibre; without which these causes can have no effect.

If either the one or the other of these ends be completely obtained, it is evident that the accession can no longer occur. To the first we are constantly and almost unavoidably exposed. It is therefore chiefly on the last footing that a radical cure is to be expected. And by the removal of such a condition of the system, not only convulsio, strictly so called, but even the much more obstinate affection of epilepsy, is sometimes overcome.

In the case before us, some measures have been taken with both these intentions; but I chiefly put dependence here on the last. As the fits came at first by regular accessions, I imagined that some benefit might be derived from anticipating them: And it was with this view that I directed an opiate to be taken at the usual time of the attack. With the intention also of securing a regular discharge by the belly, and thus, at least, preventing one cause of irritation, I have employed purgative pills.

pills. But I have chiefly trusted the cure to the use of the *cuprum ammoniacum*, under the form of the *pilulæ cœruléæ*; than which I know no medicine more powerful in removing a disposition to convulsive affections. And I had lately occasion to treat a case of the epilepsy, where there is little doubt that this has been the means of obtaining a radical cure. It is my intention, therefore, to give it a fair trial in the present case; and with that view I have already augmented the dose from one to three pills in the day. To this extent, it has had no other obvious operation than that of supporting the sickness at stomach of which he complains. I am disposed to think, however, that it has already had some good effect on his disease. I consider it as in a great measure producing the long intermissions which have of late taken place. And I am even in hopes that, by means of it, the cure may be effected.

If, however, I should either be disappointed, or the disease prove tedious, I
have

have thoughts of conjoining with it cold bathing. And if both prove abortive, it is my intention to try this patient with the Peruvian bark. During this course, however, it is requisite for him to avoid as much as possible every cause exciting the paroxysms or supporting predisposition. And, above all, I have enjoined sobriety; on which perhaps, more than any other circumstance, the cure in the instance before us must depend.

SEQUEL.

This patient continued on the use of the *pilulæ coeruleæ* for some weeks longer: And, without either increasing the dose, or employing any other medicine, his affection was entirely removed, and his attendance at the Dispensary discontinued.

XXII.

A Case in which severe periodical Pains of the Intestines were removed by the Use of the Pilulæ Gummosæ.

A — O —, a man in the fortieth year of his age, admitted May 10. 1777, by trade a basket-maker, of a low stature, thin habit, and dark complexion, complains of being, at times, affected with very violent pain of his belly. This pain is attended with considerable swelling and distention of the part, which seems to arise from wind; and on the discharge of wind he is always relieved. This pain extends upwards from the under part of his belly through his whole body, and it is particularly severe under his arm-pits. After a short continuance, the distention ceases; but he is affected with pain, to some degree, through the remainder of the day,
after

after each attack; but during the night it in general ceases.

He is affected with an attack of this kind almost every day, particularly when the weather is cold. They are always preceded by the discharge of about two spoonfuls of an insipid watery fluid from his mouth. And this he takes as a signal for loosening his apron and waistcoat; for unless he does so, the swelling of his belly and severe pain, which instantly supervene, occasion much greater uneasiness. During these attacks he complains of much thirst; and when the returns of the pain are frequent, he is troubled with obstinate costiveness; at other times, his belly is regular. His appetite is good; he sleeps well; pulse 64; heat natural.

He has been subjected to these complaints for these twelve years past. And from the beginning they put on nearly the same appearance as at present. But of late the attacks have become more frequent and more severe.

He knows no particular cause to which
these

these complaints can be ascribed; and he has used but few medicines, from which he has derived only very slight temporary relief. He observes, however, that when his belly is loose his complaints are much easier; and nothing affords him so much relief, when his pain is very severe, as a warm cloth applied to his abdomen; which, however, is frequently ineffectual.

Capiat omni nocte hora somni pilularum gummosarum granæ decem.

May 16. He discharges much wind downwards since he began the use of the pills; and they have the effect of keeping his belly gently open. He has had no return of the distention or violent pain.

Continuentur pilule gummosæ.

May 23. He still continues to discharge much wind downwards, and has had no attack of the violent pain since he began the use of the pills. Belly regular.

Continuetur medicamentum.

May 30. He continues free from any return of his pain, and is in other respects in perfect health.

OBSERVATIONS *delivered June 3.*

The case of this patient had very soon a favourable termination under our care; or at least he had such an intermission from his affection, that I judged it unnecessary for him to continue his attendance any longer. I would, however, by no means be astonished if he should be again affected with a return of his former ailments; and I must own, that the relief he obtained from his complaint was much sooner than I should have expected. For I consider his case as by no means without singularity. It is easier, I apprehend, to form a probable guess as to the nature of this affection, than to give it either a proper name, or to explain all the phenomena. It is evident, that the essential part of his disease consists in pains beginning in the abdomen; and these, while they continue, subsist with very great violence. Among nosological writers, all pains of the intestines, not arising from any fixed cause,
are

are referred only to the general head of Colica. To the bestowing this denomination on the present affection, there is, however, some objection. From its transitory nature, as well as from the frequency of its returns, it differs, in appearance at least, from what is generally known by the title of Colica; and that, too, even when colica arises from flatulence; which manifestly appears to be the cause of pain in the instance before us.

But, besides this, there are several other peculiarities in the present case. As an example of these, we may mention the particular symptom preceding the attack, the uncommon flow of saliva into the mouth. In what manner this is connected with the other parts of the affection, I must own, I am totally at a loss to say. It is indeed obvious, that an increased separation of fluids by the salivary glands is the effect of many different peculiar sensations. Thus, for example, it arises not unfrequently from particular sounds. We may at least conjecture, therefore, that it is produced,

in the present instance, by a cause something similar; and that it depends on a peculiar sensation arising from the bowels, which precedes the violent pain.

I may here observe, that this is not the only instance in which I have known such an appearance to occur. I have had occasion to treat several cases of epilepsy, in which a flow of insipid watery fluid into the mouth was the forerunner of the attack. And there I was disposed to imagine that it might be explained on the supposition now thrown out. But whether, in the one case or the other, the supposition was well founded, I will not pretend to affirm.

As the affection of this patient is singular in the circumstances preceding the pain, so it is also in the consequences of it, or at least in the direction in which it is propagated. We are told, that in every attack it begins at the under part of the belly, and that in the pained part there is a manifest swelling and distention. It is soon, however, propagated from the part
where

where it has its origin, through the trunk of the body in general, and it terminates as it were under the arm-pits, in which it is particularly severe. From what cause it is determined in this particular direction, I cannot pretend to say. Some would be disposed to refer it to the continuity of membranes; while, at the same time, they would refer the severity of it under the arm-pit to the termination and interruption of these.

To this reasoning, I must own that I know no very strong objection: at the same time, I can hardly consider it as confirmed by the phenomena; for although, in particular cases, as in the present, pain may always follow a certain direction; yet when we compare together different cases, the course in which pains are propagated is very much varied, while at the same time, in all these instances, the connection of the membranes is the same. I am therefore disposed to consider the direction in which it is propagated, to be, in each case, the consequence of the particu-

lar condition of the parts which are more especially affected; but at the same time, it is probably rather from the condition of the nerves in the part than of the simple solids.

Yet, on whatever footing we are to explain the appearances which are either the forerunners or the consequences of the present attacks, we can, I apprehend, have little doubt in ascribing the principal part of the complaint to an affection of the spasmodic-kind; and we must consider this spasmodic affection to arise from distention of the intestines by wind. This is equally evident, both from the swelling of the belly, and from the relief which the patient receives on the discharge of wind.

On this idea of the nature of the affection, I did not despair of being able to bring about a cure, or at least of alleviating the severity of the pains, and of diminishing the frequency of the attacks. When I considered, however, the violence of the attacks, I was disposed to think that

it would not be easily effected. And when I reflected that it had subsisted for the space of twelve years, I imagined it would not be brought about in a short space of time. While, therefore, I looked for a favourable termination, I yet dreaded that the case would be tedious. In this, however, it appeared, from what afterwards happened, that my apprehensions were groundless.

I considered the cure of this affection as turning on two circumstances. The first was the frequent expulsion of wind from the intestines, by which the cause inducing the spasmodic affection would be taken off; and the second, the removal of the disposition to spasm, from which, although the irritating cause might in some measure remain, yet it would soon cease to be productive of the former effect. It was with the view of answering both these intentions that I had here recourse to the use of the *pilulæ gummosæ*, in which I trusted chiefly to the stimulant and antispasmodic powers of the *asa foetida*.

There is little reason to doubt that this

medicine fully answered the intentions which I had in view. From the time that our patient began to use this medicine, he had a free discharge of wind downwards; and it seemed to have further the effect of occasioning a regular evacuation of feculent matter by stool; for during the use of the pills his belly was moderately open. With these changes the patient was at the same time freed from any return of the violent pain; and, after suffering no relapse for the space of a month, I thought it unnecessary to persist any longer in the use of the medicine. I dismissed him therefore, for the time at least, cured. I will not, however, say that he will continue free from all return. But if this should be the case, we will probably hear of him again; and, by the use of the same medicines, his complaint, I hope, may be removed.

* * * *

This patient did not again make application

cation at the Dispensary after he was dismissed. And when inquiry was made after him at the end of several months after he was dismissed from the Dispensary, he still continued free from any return of his former complaint, and in other respects in perfect health.

XXIII.

An obstinate cutaneous Affection of the leprous kind.

E—R—, a woman in the thirty-fifth year of her age, of a moderately full habit and middle stature, has, on different parts of the trunk of her body, an eruption, appearing under the form of dry white-coloured scales, rising a little above the surface of the skin. Her legs and arms are also overspread with an eruption of the same kind; but few appear on her face. These dry scabs are of different sizes;

sizes; some of them less than a fixpence, others larger than a shilling.

These white scurfs sometimes spontaneously fall off, and the parts below appear preternaturally red, but are not in any degree ulcerated, and never manifestly discharge any matter. When the white dry scurfs fall off, the parts below are somewhat hot and itchy, but not to any great degree; and in a short time they are again gradually covered by other white scabs of the same nature.

She is never free from this affection for any part of the year; but the eruption is usually observed to be most extensive during spring and autumn. Besides the eruption, she complains also of being frequently affected with headach, attended with some degree of vertigo, which principally attacks her in the morning, and is for the most part easier towards night. Her appetite is good; her heat natural; and her pulse beats about eighty strokes in the minute. Her belly and menses are regular.

This eruption first appeared about four-

teen years ago, and was then nearly to as great an extent as at present. During the period of its continuance, it has at different times yielded to medicines directed for the removal of it. But she has never been long free from it. She does not know what the medicines were. But about five years ago, when she was in the Royal Infirmary for this complaint, where she remained for the space of about sixteen weeks, she received very considerable relief from the use of pills, which had the effect of rendering her teeth loose.

She ascribes this complaint to her having eat much salmon, and afterwards drunk fresh milk; as, soon after she had done so, the present affection began. None of her parents or near relations have ever been subjected to any such complaint. And her diet, as well as her mode of living, in other respects, has been in no particular different from that of other people of her own rank.

R. Mercurii corrosivi sublimati grana quatuor aquæ fontanæ uncias septem fiat solutio, et solutioni adde spiritus lavendulæ compositiæ unciam

ciam unam. M. Capiat semunciam omni nocte hora somni.

May 13. She has taken the solution regularly; and it has never produced any sweat during the night: but the first doses griped her a little, and occasioned some loose stools in the morning. Now, however, it neither produces gripes nor looseness; but she does not observe any obvious change in the eruption or in the state of her other complaints.

Continuetur medicamentum ut antea.

May 16. Her symptoms continue as before, and she has no uneasiness from the solution.

Continuetur medicamentum.

May 23. The eruption is somewhat diminished on the trunk of her body, but on her arms it continues much in the same state as formerly. In other respects, however, she now thinks that she enjoys better health than at the time when she began her medicines.

Continuetur solutio.

May 30. The eruption on her arms is nothing

nothing diminished; and that on the trunk of her body is rather increased since last report. The solution has of late occasioned much sickness at stomach, and severe gripes, with some looseness; but it has never had any effect in producing moisture on the skin during the night.

Intermittatur solutio mercurii corrosivi sublimati, et

R. Acidi vitriolici drachmam unam.

Aque fontanæ fescunciam.

Syrupi simplicis semunciam. M.

Capiat drachmam unam ex aquæ cyatho omni mane.

June 10. The mixture with the vitriolic acid occasions sickness at stomach, but without vomiting. She still complains of gripes; and is particularly affected with them in the afternoon, when they are in general attended with some degree of looseness. The eruption on her arms, and also on the trunk of her body, is much diminished since she began this medicine.

Continuetur mistura vitriolica. Sed capiat drachmam unam mane et vespere; nec non capiat,

*piat, bis in septimana, salis Glauberi fescun-
ciam ex aquæ ferventis unciis octo pro cathar-
tico.*

June 17. The two doses of Glauber's salts operated rather severely; but the mixture with the vitriolic acid fits easily on her stomach. And the eruption is now almost entirely gone from every part of the surface of her body, excepting a little about the wrists and ankles.

Continuetur mixtura vitriolica ut antea; et repetatur sal Glauberi bis in septimana, sed capiat unciam unam solummodo.

OBSERVATIONS delivered June 24.

The affection under which this patient labours, at least the far greater part of it, is an obvious one. It affords us an evident example of a cutaneous disease, and that, too, not less extensive than distinctly marked in its appearance. Some parts, indeed, of the surface of the body are more affected with it than others: and this is particularly the
case

case with respect to the superior extremities. But, besides these, the inferior extremities also, and the trunk of her body, when she came under our care, were in many places covered with the same eruption. But, exclusive of the disease obviously appearing, there were also marks indicating here a general affection of the system; for of such an affection the headach and vertigo, to which she is frequently subjected, afford undoubted evidence. These, however, are not to be considered as by any means constituting a separate disease, or giving what could be viewed as a complicated affection. They are merely to be considered as symptoms from the cutaneous affection, and that probably depending on the discharge by the surface.

Notwithstanding the extent of the disease, however, it would appear that her health, in several respects, is very little affected. Her pulse and heat are at the natural standard; while, at the same time, the discharges by stool, urine, and other excretions, are in a healthful condition,
and

and her appetite is unimpaired. I could, therefore, consider her as being subjected to no other disease but the obvious cutaneous affection.

Of the distinction of cutaneous affections, and of the general causes to which they are to be attributed, when speaking of some other cases, I have already had occasion to make some remarks. According to the distinction which I then attempted to establish, there can be no doubt in referring the present case to the head of the *Lepra*. And here I find very distinctly almost all the characters of the *lepra*, as defined by the greater number of nosologists. True, indeed, it is here said, that there is neither any itchy nor painful sensation from the eruption. And it is to be observed, that the former of these, the itchy sensation, is introduced into the definition of *lepra* by most nosologists. But it cannot, I imagine, be considered as an essential part of the disease. And, notwithstanding the account given by our patient, it is, I think, extremely doubtful

whether this sensation has been entirely wanting.

Of all the species described by Mr Sauvages, the present most nearly resembles his *Lepra Græcorum*, or, as it is called ordinarily, the *Lepra*. And it is here to be observed, that the parts affected are without pain, and in some measure insensible. Thus, as far as any itchy sensation does occur, it is chiefly confined to the parts surrounding the scabs.

This affection, we may observe, takes place, now at least, but rarely in this country; and I may say, that I never before saw an instance occurring precisely in the same form as the present. The eruption is more dry and scaly, and at the same time these scales smaller in size, and extending farther over the body, than is generally the case.

From every circumstance, I was disposed to conclude, that we should find this affection very obstinate. The disease, in the state here described, is generally remarked to be so. But it may be considered as still

farther unfavourable in the instance before us, that the affection is by no means in a recent state. Before this patient came under our care, it had already subsisted fourteen years; and during that period a great variety of medicines had been tried in vain. To some, indeed, we are told, that it seemed for a little time to yield; but it soon again returned to its former condition. When, therefore, there is thus far evidence of its being rooted in the constitution, we cannot reasonably expect an expeditious cure; and there is even reason to apprehend, that in the end we shall be as much foiled as other practitioners have been. I may, however, assert, that the attempts to cure which we have already made, have not been altogether without effect: and I am not without hopes that we shall be able to dismiss this patient considerably relieved, and that she will at least continue so for some time.

I have formerly observed, that, with respect to the principles on which the practice in such a case ought to proceed, I am
much.

much at a loss. These are in a great measure to be accommodated to the particular cause from which the affection more immediately arises; and while such causes are in their nature very different, they cannot always, with any degree of certainty, be determined.

In the case before us, there are few circumstances throwing much light on the particular causes which have operated. In this way, there is no conclusion to be drawn from the remote causes. The patient herself ascribed her affection to eating fish with milk. For this conjecture, however, I am disposed to think there is no foundation. Not only patients themselves indeed, but practitioners also, are led to consider the use of fish as a powerful cause of cutaneous diseases; and I do not mean to deny that it may be the case. But when this happens, it is not the effect of a single meal, but of the long-continued use of fish, and of these as then constituting the greatest part of the aliment.

Here, however, the disease is ascribed

the use of fish at one meal only; and then to the imprudent mixture of them with milk, which she took at the same meal. Though such a mixture is very generally forbid, I am inclined to consider it as merely a popular prejudice. And at any rate, if it gave rise to a cutaneous affection, we might conclude, that it would be merely of a transitory nature; such as is frequently observed to proceed, in some habits, from the use of shell-fish; and indeed, in particular constitutions, from the action of different articles of diet on the stomach.

From the obstinacy and extent of the affection with this patient, I was inclined to consider the disease as in a great measure depending on the general state of the fluids. Hence I imagine, that a cure was chiefly to be expected from an alteration of the mass of blood. And it is not improbable, that a radical recovery, if it be obtained, will be more the effect of diet than of medicines. It is on the idea now mentioned, however, that I have thoughts
of

of attempting the cure rather by internal than by external measures: Though I must at the same time confess, that the remedies which I have already employed are used rather on an empirical than on a rational footing.

I have already said, that I look upon the greater part of cutaneous affections as to be cured rather by external than by internal means. And I imagine, that even the latter sometimes have influence by topical action on the affected parts after entering by circulation.

How far the medicines which we have here used may have acted on these principles, I shall not pretend to say. But I am inclined to think, that this is particularly the case with respect to the first medicine which we employed, the mercurial solution. I am persuaded, that there is not a more powerful medicine than mercury, where a change is required in the general mass of the fluids. At the same time, I suppose it to act also as a stimulant, and as an evacuant by different excretories from

the body. It exerts these effects more especially on the excretories at the surface, when it is thrown into the system in an acrid or saline state. And of all the acrid mercurial preparations, I consider the corrosive sublimate mercury to be the most powerful.

I was therefore in hopes that, in the present instance, it might have been productive of good effects. It is often, however, inconvenient; as it occasions gripes, and other affections of the alimentary canal, especially when it is continued for a considerable length of time without intermission. With the present patient, after some weeks continuance, it produced these effects; and as, during that time, the progress of cure was, at the utmost, but very slow, I substituted in its place a different medicine.

The medicine I then ordered was, indeed, one which, in such complaints, has been very little used. And I chiefly employed it in the present case, as I imagined that, if it succeeded in an affection so ob-

stinate,

stinate, it would afford me the strongest confirmation of its efficacy. This medicine was the vitriolic acid, taken internally. It was first, I believe, introduced in this manner against cutaneous affection in the armies of his Prussian Majesty, as a cure for the itch. Since that time it has been much used in the continent of Germany, particularly at Goettingen, by Dr Baldinger, one of the most eminent professors there, as a cure both for the Scabies Sicca and Humida. The success which it has had in his hands is sufficient, I think, to lead to future trial; and, with the present patient, the appearances are at least so far flattering. She had not used it for many days, when the eruption, even where it was before the worst, was very much diminished. In this situation, however, I reckoned it prudent to have recourse to the use of repeated purgatives. Not that I dreaded any thing from what is generally called the repulsion of the eruption, but because I concluded that it must occasion a change in the circulation, from which there was

some inconvenience to be apprehended. And such inconvenience in practice, I think, I have already had occasion to experience. In one instance in which I used the vitriolic acid against an eruption of the herpetic kind, very soon after it was begun, the progress to cure appeared to be very rapid. But the removal of the eruption was succeeded by a dropical affection; which I was inclined to attribute to the cure of the cutaneous disease, and which, I thought, might have been avoided by affording another outlet. It was with the intention of affording such that I here employed the saline purgative. It was used, however, only with the view of obviating consequences; and, in this case, it is my intention to try, at least for some time, what can be effected by the internal use of the vitriolic acid alone. If this do not succeed, I have thoughts of applying it externally, united with hog's-lard. In such an union it forms an ointment by no means inelegant, which I am inclined to think will possess several advantages over
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AND OBSERVATIONS. 365

the ointments made with fulphur as their basis.

Should all these measures fail, there are still many others to which recourse may be had. But it is unnecessary to suggest any thing at present; as, after the trial already proposed, I shall be directed by the appearances which may then take place.

SEQUEL.

The eruption, which had overspread every part of this patient's body, was in the space of a few weeks almost entirely gone. In this situation it was thought unnecessary to continue the vitriolic acid to the same extent as before. It was therefore ordered to be given in smaller doses, and less frequently repeated than before. But, not long after this change had been made, some fresh spots appeared on her arms; and these could neither be made to yield to the internal use of the vitriolic acid, nor to the external application of it
in

in the form of ointment. After these medicines had been tried for what was thought a due length of time, recourse was had to a second trial of the corrosive sublimate mercury. A solution of this was both taken internally, and applied outwardly to the affected parts in the form of poultice. To these practices this local affection, at least, yielded; for no eruption returned on the trunk of her body, or on the inferior extremities. And, about the end of October, she was dismissed from the Dispensary, free from her complaints. But, about the beginning of April, her former affection returned; and she became again a patient at the Dispensary, where a temporary removal of the disease was once more obtained.

XXIV.

A Case of Hæmoptysis.

J—H—, a man in the fifty-first year of his age, by trade a blacksmith, admitted the 2d of June 1777, is affected with a very violent cough, which is at present attended with the expectoration of a viscid yellow-coloured matter. At different times he has expectorated very considerable quantities of florid red blood, nearly in the same state as if it had been discharged from a vein. About two weeks ago, he thinks that he also discharged a considerable quantity of blood by vomiting; and he frequently discovers a little in the matter which he at present expectorates. But the matter discharged has neither any fetid smell nor disagreeable taste. He is also affected with considerable difficulty of breathing, great oppression and pain at his breast, and a very high degree of debility,

lity, infomuch that he can walk only in the most infirm manner. His habit is, to appearance, very much exhausted, being remarkably thin and spare; which, he says, was not formerly the case. When there is a considerable discharge of blood, it eases both the cough and difficulty of breathing for a short time. But these symptoms soon again return, and he thinks that his complaints are increasing in violence. He sleeps ill in the night; his appetite is much impaired; his pulse beats about ninety-six strokes in the minute; and his belly is in general regular.

He has been affected with his present complaints, particularly with the bloody expectoration, at times, to some degree, for these several years past. And the debility which they have induced has been so great, that, for these last three years, he has been almost totally incapable of working.

He attributes these complaints to cold, to which he was exposed before the commencement of them, and which, at that time,

time, induced a severe cough. He has used many medicines, with the nature of which he is unacquainted. And he has never reaped any considerable relief from them.

℞ *Infusi rosarum uncias duas ;*
Mucilaginis gummi Arabici,
Syrupi simplicis, singulorum unciam unam.
Aque hyssopi uncias tres. M.
Capiat semunciam tertia quaque hora.

June 10. The mixture sits easily on his stomach; but he has had frequent returns of the bloody expectoration to a considerable extent, and he is still very much distressed with cough. His pulse beats an hundred strokes in the minute; but it is at present neither hard nor full; and his belly is regular.

Continuetur mistura, et
 ℞ *Pulveris salis nitri,*
Pulveris gummi Arabici, utriusque semi-
drachmam. M. Capiat dosin vespere
et mane.

June 17. The mixture sits easily on his stomach; but he complains of having been affected with gripes from the powders.

ders. His breathing is now considerably relieved, his cough is somewhat easier, and he has had no bloody expectoration since the last report. Pulse an hundred; belly regular.

*Intermittatur pulvis salis nitri. Continu-
etur mistura, cum infuso rosarum, ut antea.*

July 1. He has taken none of the mixture for some days past; and he still continues free from the bloody expectoration: but he is affected with much cough, which is particularly severe during the night; and he complains also of pains in his breast and other parts of the trunk of his body. Pulse ninety-four; belly regular.

Intermittatur mistura; et

R. Mucilaginis gummi Arabici,

Syrupi simplicis, singulorum unciam unam.

Tincturæ thebaicæ drachmas duas.

Aquæ hyssopi uncias quatuor. M.

*Capiat unciam unam omni nocte horâ
somni.*

OBSERVATIONS *delivered July 8.*

That this patient is subjected to disease, is evident even from the most slight attention to his appearance. In his emaciated habit, we have evident indication of some cause giving exhaustion of the general system; and, from his mode of respiration, there can be little doubt in fixing this cause to be in the breast; although, at the same time, the description given by the patient would seem to lead to a different supposition. For, according to his account, he was affected, about a fortnight before he came under our care, with a severe vomiting of blood. This might therefore lead to a suspicion, that the cause of the affection was rather in the stomach than in the lungs; or, in other words, that the principal part of the affection to which he is subjected is rather *Hæmatemesis* than *Hæmoptysis*. Here, however, it is to be observed, that, between these two, patients are not always very accurate in their distinctions.

stinctions. They are apt to include under the title of vomiting, almost every præternatural discharge by the mouth. And in this case there is particularly room for deception, when, by the action of vomiting, the expectoration of blood is promoted. That the blood with our present patient is in reality discharged from the breast, is evident from the mixture still appearing in what is spit up from the lungs by coughing.

The presumption therefore is, that the supposition of our patient, as to his discharging blood by vomiting, is a mistake, especially when we consider that Hæmatemesis is but a rare affection, and very generally occurs only as a symptom of other complaints. I would here then consider the evacuation of blood as wholly a Hæmoptysis. And this is the rather probable, from the other complaints with which it is conjoined, particularly from the cough. Cough, indeed, may be conjoined with Hæmatemesis as well as with any other affection; but it is by no means a symptom

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tom peculiar to it, or characteristical of it. On the contrary, it is an universal concomitant of hæmoptysis; and it must, indeed, be a constant symptom of every disease where matter is lodged in the breast.

It is to be observed, however, that the cough occurring in Hæmoptysis takes place in very different states. Sometimes there is merely a short tickling cough, without any severity; and this is to be considered as proceeding from no other cause than from the irritation which the blood occasions in the air-vesicles. This perhaps is the most common state of the cough; and hence, in some of the best definitions, it is characterised by the title of Tussicula. Where the hæmoptysis is with this state of the cough, it may be considered as the effect either of a peculiar determination to the lungs, or of a general plethoric habit. And the hæmorrhagy occurring is to be viewed always as being of the active kind, that is, as depending upon the action of the blood-vessels themselves being augmented and giving rupture; not on a rup-

ture proceeding from other causes, and a consequent discharge of blood merely from the ordinary impetus of the circulation.

In cases of such active hæmorrhagy, besides the state of the cough, the affection is also distinguished by other marks of a plethoric habit; particularly by a flushing of the countenance, and a general florid state of complexion; by a sense of weight and oppression; and particularly, by what may be called a hæmorrhagical disposition, that is, a tendency to the evacuation of blood by other parts, as well as by the vessels of the lungs. All such appearances, however, whatever may have been the case formerly, are, at present at least, wanting in the instance before us, and the cough is here remarkable both for frequency and severity.

A discharge of blood may take place from the lungs, in consequence of passive hæmorrhagy, as well as from that of the active kind. And among other causes inducing a rupture of vessels, violent cough is to be justly enumerated. It occurs, there-

therefore, as a question of some importance, Whether the hæmorrhagy with our present patient be of this or the former kind? And I must own, that, from the state of the cough, together with the present condition of his habit, I am disposed to view it now, at least, whatever may have formerly been the case, as of the passive kind. It is true indeed, that, besides dyspnœa, which may be considered as a consequence of the air-vesicles being filled with other matter, this patient complains also of a pain at his breast; which is perhaps to be viewed as one of the strongest marks of increased action, or what is called hæmorrhagic effort, giving rise to increased discharge. But it is to be observed, that pain, as well as cough, is of different kinds; and it is not improbable, that the pain here occurring is merely the consequence of oppression and of general uneasiness; particularly as it is not remarked that it is attended with any sense of heat, which is an almost constant concomitant of that peculiar increased action.

But although, from these considerations, I would view the hæmorrhagy as at present of the passive kind, yet I would not infer that it has always been so; for, from beginning in a different state, it may have given rise to a debilitated condition of the vessels, and may have even been the origin of some fixed cause producing the cough. Of this there is some presumption from the continuance of the affection, and from the extent of the hæmorrhagy being such as to give the appearance of vomiting. Yet, when we consider the cause of the affection, as far as that is obvious, we may perhaps conclude, that from the beginning it was of the same nature as at present.

But any inquiry respecting the original state of this patient's disease is now perhaps immaterial, as the treatment is unquestionably to be accommodated to his present condition. And respecting this there is another question of greater consequence claiming attention, that is, Whether we can consider him as subjected to

Phthi-

Phthisis Pulmonalis, or not? I have formerly had occasion to point out three different causes giving origin to Phthisis. These were, Catarrh, Tubercle, and Hæmorrhagy. Whenever, therefore, Hæmoptysis exists, there is reason to dread Phthisis pulmonalis as a consequence: and, in a disease which makes its progress so imperceptibly, every symptom giving any indication of it is particularly to be attended to.

In the case before us, there are some particulars which favour the supposition of a phthisis; and it may be imagined, that it is in consequence of ulceration or vomica originating from this cause, that the cough is supported for so long a time, and with such severity. The state of expectoration also may be considered as giving some countenance to this supposition. For there is here room for supposing that the yellow viscid matter expectorated is of a purulent nature. It must be owned, that we are subjected to some difficulty from the want of a proper diagnostic between

pus and mucus. It is well known, however, that both the particulars mentioned as descriptive of the matter in the present instance, the yellowness and the viscosity, are strictly properties of mucus. The latter is even more a property of mucus than of purulent matter; and here some at least of the most common marks of pus are wanting, particularly a fetid smell and taste. I would then consider this mark of a phthical affection to be wanting; and, from the circumstance of the viscid mucus alone, we may perhaps explain the severity and frequency of the cough.

It is farther to be observed, that other characteristic marks of phthisis are also wanting. Though his breathing be affected, yet it is not observed to be particularly laborious when he lies on either side. The pain of the breast is not fixed to any particular spot; and although his pulse be quick, yet it is not with those regular accessions which distinguish the hectic fever. Besides, even the circumstance
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of the continuance of his disease alone may be considered as an objection to the supposition of phthisis. Before he came under our care, he had been liable to the hæmorrhagy for the space of three years. If, however, the phthical affection had occurred when the hæmorrhagy was greatest, we may conclude, that, before this time, our patient would have been cut off. And it is well known, that hæmorrhagy not unfrequently occurs from the lungs, without inducing phthisis: for this last is the consequence of ulceration and suppuration succeeding the rupture of vessels; and such a suppuration is rather to be considered as proceeding from a depraved condition of the lungs, than following as a necessary consequence from the rupture of vessels. When such a habit does not exist, the rupture is naturally healed up by the first intention.

From all these circumstances, then, I am disposed to consider the present patient as not yet, at least, subjected to the phthisis. And, on this supposition, his chance for

recovery is unquestionably better than we should otherwise pronounce it to be. I must, however, view the present case as being, upon the whole, of a very dangerous tendency. It is so in every instance, even in the slightest; but it is particularly dangerous when it has continued for so long a time. After this has been the case, we can hardly expect to prevent a return, even from the slightest accident; and the utmost that can be looked for, is, I imagine, to give a temporary relief to the patient. I am much afraid, that, by this affection, or the consequences of it, our patient will yet be cut off; and although I at present suppose him to be free from phthisis pulmonalis, it may nevertheless soon occur.

It is, however, our business to take such measures as may serve to remove his present complaint. The general principle on which this is to be effected, must, in such cases, very much turn upon the condition of the patient. Even where the hæmorrhagy is of a passive kind, and the quantity

tity of blood in the system not morbidly augmented, it is yet sometimes necessary to diminish the impetus of circulation. For, in the ordinary impetus, we may have a cause capable of supporting the hæmorrhagy; and, from the reduction of this below the natural standard, other remedies will operate with greater success. Where, however, the state of the general impetus is such as to preclude any measures; with this view it may be necessary particularly to diminish the impetus at the lungs, and that either by restraining the action of the vessels there, or by promoting a determination to other parts.

With these different intentions now mentioned, blood-letting, cathartics, blisters, issues, emetics, and various other articles, are, according to circumstances, employed with advantage. In some cases, however, none of these practices are admissible; particularly in cases where the patient, as in the instance before us, is much exhausted. The farther diminution of impetus, even allowing that a morbid augmentation of it should

should be demonstrated by an increased quickness of pulse, is not to be attempted by evacuants. The utmost that can be done is to moderate it by the use of refrigerants. In such a case, the great object to be aimed at in the cure, must be the constriction of the bleeding vessels, and the removal of every circumstance which can give rise to a fresh rupture.

It was on these principles that I expected to give at least temporary relief to this patient; and I put the chief dependence on such a medicine as I thought would have some chance of producing constriction of the vessels. With this intention, I might have employed many different astringents; but I considered none as preferable to the *infusum rosarum*. I do not suppose it powerful from any great efficacy which it derives from the roses; although these, it must be allowed, do possess an astringent quality, and enter this formula to such an extent, that we may expect the utmost effects which they are capable of producing. But there can be no doubt that

that we possess other vegetable astringents still more powerful; and I consider the chief efficacy of this medicine as arising from the vitriolic acid entering its composition. While, however, I exhibited it as an astringent, I wished also to employ it as a means of alleviating the cough: And it was with this intention that I here united the infusum rosarum with the mucilage of gum arabic, simple syrup, and hyssop-water.

These articles, of themselves, would have formed a mucilaginous mixture; and although they were conjoined with astringents, yet I did not think that this would diminish their power of lubricating and sheathing parts against irritation. I hoped therefore, that by this means the severe cough, which I considered as the chief cause giving rise to the rupture, might be mitigated.

But while I formed these expectations from this prescription, I did not think it advisable to trust to it alone: And although I could not here venture on evacuants as a means of restraining the impetus of circulation;

culation; yet, while our patient's pulse continued to beat an hundred strokes in the minute, I considered something as necessary with this intention. With this view, then, I had recourse to nitre as a refrigerant; and that it might fit more easily on the stomach, I combined it with the gum arabic; from which also I expected some good effects as a demulcent. The former of these medicines, his mixture, seems in a great measure to have been attended with the desired effect; for, after the use of it for some time, the cough was not only mitigated, but he had no return of bloody expectoration. The latter prescription, however, did not seem to have had much influence on the state of circulation; and as our patient imagined it had the effect of producing gripes, I thought it advisable to omit it.

During the continuance of the mixture for about a fortnight, he remained perfectly free from the spitting of blood. Still, however, the cough was severe, and particularly so about bed-time. While, therefore,

fore, I saw no farther immediate occasion for employing astringents, I reckoned the means of mitigating the cough still more necessary; and it was with this intention that I omitted the infusum rosarum, and introduced a proportion of an anodyne. What effect this prescription has had, however, I have not yet learned; but I hope it may have had some influence, as diminishing the cough: and if this be the case, there is at least a better chance that he will not be subjected to a return of the hæmorrhagy. This, however, I imagine, is hardly to be expected; but if it do return, unless the circumstances of his case be much changed, I shall probably have again recourse to the same measures as formerly.

SEQUEL.

This patient had afterwards some return of the hæmoptysis, but to a slight degree only; and, without the use of any other medicines than those before directed, he was dismissed from attendance at the Dis-

penfary about the beginning of Auguft. His ftrength was then confiderably recruited, and all his other fymptoms much mitigated.

XXV.

A Cafe in which violent Pains in the Stomach and Bowels, arifing from Flatulence, were removed by the ufe of Afafætida.

R—M—, a man in the thirty-eighth year of his age, admitted the 14th of June 1777, of a dark complexion and middle ftature, complains of being affected with violent pain about the cartilago enfiformis, which from thence extends downwards through the abdomen. The attacks of this pain are not of very long continuance; but they return, at fhort intervals, with great feverity. They are always fomewhat relieved upon a difcharge
of

of wind, either upwards or downwards. And he observes, that after every meal he discharges wind in great quantities by eructations. He is often also affected with borborygmi, attended with local distensions of the intestines from wind.

When the pain is very severe, he is affected with violent headach and slight shiverings. But although these symptoms only attend very violent attacks of the pain, yet the uneasiness about the cartilago enfiformis is in some degree constant; and in the mornings, even without very violent pain, he has also some degree of headach.

His pulse beats about seventy strokes in the minute; his belly is regular; and he sleeps well in the night; but his appetite is impaired.

He has been subjected to these complaints, to a considerable degree, for these three years past. They are somewhat easier during the winter; but they always return with increased violence in the spring season. He ascribes this affection to a jaundice,

jaundice, to which he was subjected about eleven years ago; as, since that time, he has never been entirely free from some affections in his bowels, although it be only since the period mentioned above that they have appeared in the present form.

He has at times used different medicines; and particularly, he has lately taken Anderson's pills for some length of time, but without deriving any relief from them.

R. *Asafætidæ*,

Aloes socotorinæ,

Saponis Hispani, *singulorum drachmam unam.*

Syrupi simplicis q. s. fiat massa, dividenda in pilulas granorum quinque.

Capiat grana decem omni nocte hora somni.

June 24. He has in general one or two loose stools every day from the pills. He is now less affected with flatulence; but he still complains of uneasiness at the scrobiculus cordis. He thinks, however, that it is now lower seated than formerly: and he has been less affected with headach; but he still complains of weakness.

Continuentur pilulæ ut antea.

July

July 1. The pills have now no farther effect than that of keeping his belly gently open. His headach continues easier; and he complains less of weakness: but he is still affected with pains at the under part of his belly.

Continuentur pilulæ ut antea.

July 8. He has had four loose stools from the last dose of the pills. For some time past he has had no return of the violent pain at the pit of his stomach; and all the other symptoms are very considerably relieved.

Continuentur pilulæ; sed capiat grana quinque solummodo omni nocte.

July 15. The pills still keep his belly gently open, although he takes but one every night. He continues free from any return of the severe pain at the cartilago eniformis; and is very little affected with any of his former complaints.

Let him be dismissed; but let him continue to use the pills occasionally.

OBSERVATIONS *delivered August 1.*

With regard to the name of the disease of this patient, there is some difficulty; but as to the nature of it, I apprehend there is little room for doubt. By much the most urgent part of his complaint is a pain in the abdomen, in such a situation, that there is a possibility of its arising from different viscera; particularly, we might conjecture the seat of it to be in different parts of the alimentary canal. It may either originate from the stomach, or from the large flexure of the colon; but whether it be seated in the one or the other, that it is not from any fixed cause, appears from two circumstances. In the first place, it is not a constant pain, but returns only at times; and, secondly, it is not confined to the place at which it originates, but it is propagated from thence downwards through other parts of the abdomen. To this it may be further added, that no fixed affection can be discovered on the most
accu-

accurate examination of the place at which the pain commonly begins; and that the pain, on the discharge of wind, is considerably relieved.

From this last circumstance, we have not only a proof that it does not depend upon any fixed cause; but we are led even to form a probable conjecture, if not to arrive at certainty, respecting the cause which induces it; and there can, I apprehend, be little doubt that wind confined in the alimentary canal immediately gives rise to the pain. We may even, I imagine, go one step further, and conclude, that this wind acts in inducing the affection, from being pent up in the stomach. Of this, I apprehend, there is sufficient evidence from the relief given by eructations, and from farther observing that eructations are uniformly remarked to be the consequence of eating. I consider, therefore, the most urgent symptoms in this case to be the immediate effect of wind in the stomach. Besides this, however, he is affected with some other symptoms, particularly head-

ach and shivering. But these are well known to be frequently the consequence of an affection of the stomach: and that they are so in this case, is at least highly probable; for the headach and vertigo are observed only to occur when the pain from the wind is violent. We may therefore, I imagine, consider wind in the stomach as the cause of all the symptoms with which this patient is affected.

For properly understanding the nature of the disease, however, it is necessary to consider from whence the wind in the alimentary canal arises. This we can conceive to be the effect only of two causes: Either it must proceed from latitude being afforded for the extrication of an uncommon quantity of air from the ordinary matters employed in aliment; or it may proceed from substances being employed in aliment, from which air must be extricated to a very great extent. In the case before us, there is, I imagine, reason for supposing that both causes, in some degree, operate. That it is in some degree the effect

effect of aliment, may be inferred from the particular severity of it during the spring season. It is well known, that then the flatulent vegetables are employed in greatest abundance. But the presumption is, that this was neither the sole, nor even the principal cause; otherwise it should not occur with the present patient in so much higher a degree than with other people. We may conclude therefore, that there also took place with him that peculiar state of the stomach most favourable for the extrication of wind. This, however, is well known to be the consequence of a weakened tone, which probably operates principally as giving rise to a greater remora of the food in the stomach than would otherwise take place. On this footing, then, the real nature of the disease may be supposed to consist in chronic weakness of the stomach; and, for my own part, I should have little hesitation in giving it the appellation of *Dyspepsia*.

It must, however, be allowed, that the characterising marks of that affection, as

defined by the best nosologists, are not here present. But if we consider this term as applied to stomach-ailments, these here are sufficiently marked in the pain of the stomach, attended with flatulency and eructations.

Any observations on the prognosis are now almost precluded, as the patient is already dismissed free from complaints. I may, however, observe, that the termination was more speedily favourable than I expected. I did not indeed consider the affection as in any degree dangerous, but I was of opinion we should find it tedious; for altho' the symptoms were not numerous, they had proceeded to a very great degree of violence. Of this there was sufficient evidence in the shiverings, headach, and other affections of the system which it produced. But, besides the severity, they had already been of a considerable standing. He had been subjected to this affection for the space of three years nearly to the same degree as when he came under our care. And he had been affected with

with some symptoms even for the space of eleven years before. We might therefore imagine, that the state of the stomach which we have here supposed to take place, was in some degree rooted in the constitution, and that it would by no means be easily removed. I must now add, that although this patient has been dismissed free from complaints, I do not suppose an entire removal of this affection to have taken place. But although the cause be not eradicated, the consequences resulting from it on the system may for the time be removed, and the patient obtain by this means at least a complete temporary cure.

This I imagine to have been the utmost that took place in the case before us. Yet even this is to be reckoned an object of some consequence; and unless some fresh exciting cause occur, it may be the means of producing even a radical cure. From such a temporary relief the tone of the stomach has a better opportunity of being restored, than perhaps from the use of any medicine whatever.

The next object of inquiry is, How far this relief has been effected by the means profecuted while the patient was under our care? Here, on the idea which we have given of the nature of the disease, the great object of cure was the restoration of a proper tone to the alimentary canal. And this we may conceive to be effected on one of two principles; either by the use of such measures as immediately act in increasing the tone of the stomach, or by the removal of such causes as serve farther to weaken it. It was on the latter of these principles that I here attempted the cure; and with this view I employed a combination of aloes and asafœtida. From these I hoped, that, in consequence of the antispasmodic power of the medicine, the wind would no longer be pent up in the same manner as before; and that, by the stimulus which it would occasion to the alimentary canal, the action of the stomach and intestines might be so far augmented, as to prevent that slow progress and detention of the aliment which might give rise to
any

any generation of wind. These different intentions seem to have been fully answered by this medicine: for, while it had the effect of operating as a gentle cathartic, the patient was at the same time freed from all uneasiness from wind; and while the pain became less severe, it seemed also to have shifted its situation; for he soon after described it to be seated lower in the bowels, and he had not continued the use of his medicine for any long period when it was entirely gone. In this situation, I reckoned it unnecessary either to put the patient on the use of any other medicine, or to direct longer attendance. He was therefore dismissed, with injunctions, if he should be subjected to any return of his complaints, to give us information of it. But I have since had occasion to see him oftener than once, and he still continues in good health.

SEQUEL.

This patient has not, as far at least as I can learn, been since subjected to any return of his disease.

XXV.

A Case in which Lumbrici, lodged in the intestinal Canal, were removed by the use of Calomel and Tincture of Jalap.

J— A—, a boy in the third year of his age, admitted June 10. 1777, has of late been observed frequently to discharge worms of the lumbricous kind, which in general are about eight or ten inches in length. He complains of pain in his belly and breast; which is not constant, but attacks him, at short intervals, with considerable violence. He is frequently observed to pick his nose. He is often affected with tenesmus, and he makes frequent attempts to discharge urine without being able to pass any.

He sleeps tolerably well during the night: but he is affected with considerable thirst, and his appetite is much impaired. His belly is in general regular; but with
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the tenesmus he discharges a slimy mucous matter. In the state of his urine there is no preternatural appearance.

He has now been affected with these complaints for about the space of three weeks. His mother knows no cause to which they can be assigned; and he has used no medicines, excepting a single dose of rhubarb.

℞ *Calomelanos granum unum,*
Conservæ rosarum quantum sufficit, fiat
bolus sumendus hora somni; nec non

℞ *Tincturæ Jalappæ semunciam,*
Syrupi simplicis uncias duas. M. Capiat
semunciam cras mane, et repetatur omni
hora donec supervenit catharsis.

June 13. The bolus sat easily on his stomach, and the purgative operated briskly. During the operation of it, he discharged two large worms, each about ten inches in length.

Repetatur bolus, ut antea, vespere die Solis, et catharticum mane die Lunæ.

June 17. He has not got his medicines as directed. No more worms have been observed

observed to be discharged since last report, and he still complains much of the pain of his belly.

Habeat medicamenta ut antea præscripta.

June 20. He has taken the bolus and purgative as prescribed; the last of which operated briskly, and he has discharged one large worm. Another was observed at the anus; but it again made its way into the intestine.

Repetantur bolus et catharticum ut antea, bis in septimana.

July 1. He has taken his medicines twice since the last report. From the first purgative he discharged five worms; from the last, six. All of these were about eight inches in length. He does not now complain of the gripes; but he is sometimes observed to pick his nose, and to grind his teeth during his sleep.

Repetantur medicamenta ut antea.

July 11. He has taken his medicines twice since the last report. From the first purgative he discharged two worms; but the last did not operate.

Repe-

Repetantur medicamenta ut antea.

July 29. He has discharged three worms by each of the last purgatives; one of them was about eleven inches in length, the others were rather smaller. He has taken no medicines for these eight days past; during that time no worms have been observed. He does not now complain of gripes, and his other symptoms are considerably diminished.

Continuentur medicamenta ut antea.

OBSERVATIONS delivered August 1.

In the case of this patient, we have an example of a disease, respecting which we can, I imagine, entertain no doubt. The principal symptoms which here occur, the pain of the breast and belly, accompanied with a tenesmus, are such as may arise from different causes. When these, however, are accompanied with picking of the nose, it gives presumption that they may originate from worms. But this presumption,

tion, in the case before us, is put beyond all doubt, from the discharge of worms by stool.

When we have thus certain evidence of the existence of these animals in the alimentary canal, there can be no hesitation in pronouncing them to be the cause of all the symptoms. And the present case affords an instance how little dependence is to be put on particular symptoms as diagnostics of worms, which some are disposed to consider as affording certain evidence whether they be present or not. Of these many, particularly the swelling of the upper lip, on which some are disposed to put so much confidence, are here wanting. And as, in cases of scrophula, it may often take place when there are no worms, so it appears also that it may be absent when these are really present in great numbers in the alimentary canal.

As giving rise to worms in the present case, no particular cause is assigned; we may conclude, however, that the ova or first rudiments of them have been accidentally

dentally introduced into the alimentary canal, and that they have been generated there in consequence of their finding a proper nidus. It is from the circumstance of the more ready introduction of the ova that worms are particularly apt to occur as a cause of disease during the spring season, when undressed vegetables are much taken. And it is probable that such a cause may have operated here.

Respecting the termination of this case, there are, I think, grounds for entertaining favourable expectations. Although, from what we have already seen, we may conclude that they have been present in the bowels to a considerable number, yet they have induced no severe symptoms; and, while these symptoms were of no long continuance before he came under our care, they have, so far at least, already yielded to the medicines used. I hope therefore, that in a short time his present complaints may be brought to a favourable termination; especially as the worms, which are the cause of the present affection,

tion, the Teretes, or, as others have called them, the Lumbrici, are, of all the different kinds commonly present in the alimentary canal, the most easily combated.

In the case before us, unquestionably the great object of the cure is the expulsion of the worms themselves, and of the ova. While, however, they are alive and vigorous, they exert efforts for retaining their place; hence it is of great advantage, before employing the means of expulsion, to weaken and debilitate worms. With these intentions, various remedies are in common use. And I might here have employed, as a means of diminishing or destroying the vital power of the worms, the decoction of cabbage-tree bark, or other articles supposed to be of the highest efficacy. But I was unwilling to venture on the use of a remedy which I had not before tried, especially with so young a patient. I had therefore recourse to calomel, with the view of killing the worms or debilitating their power; and to the tincture of jalap, combined with simple syrup, for the expulsion of them. In these medicines we

have uniformly persisted since this patient came under our care; and in their operation, for the most part, we have not been disappointed. Every different dose has been attended with the discharge of several worms; and now he appears to be in no degree affected with symptoms from worms. I am therefore hopeful that few, if any, worms now remain. While, however, there is any appearance of worms from the use of cathartics, I shall not think of discontinuing his medicines. But I hope, that, for effecting a radical cure in the present case, I shall not be obliged to change his medicines, and that he may soon be dismissed from any further attendance here.

SEQUEL.

This patient was continued on the medicines at first directed for some time longer. As there was neither any discharge of worms, nor any recurrence of his former

symptoms, he was then dismissed, and continued in perfect health at the end of several months after his dismissal.

XXVI.

A Case in which a Worm, about fifty Inches in length, of that kind which is denominated the Tænia, was discharged from the Intestinal Canal, by the use of the Powder of the Root of the Male Fern, succeeded by a Cathartic.

M—C—, a woman in the seventy-third year of her age, admitted September 17. 1777, often observes that she discharges by stool living worms, which, on examination, appear to be portions of a Tænia. The fragments discharged are of very different sizes. Some of them are not one-tenth of an inch in breadth, others above three-tenths. The thickness of either

ther does not exceed one-twelfth of an inch. They are of different lengths; but they are seldom less than half an inch, and rarely exceed an inch. They are all of a white colour, and manifestly consist of different joints.

She complains of pains in her right side, which frequently shift their situation; and she is affected with great debility in her right-leg. This debility is so far constant as to occasion a halt in walking. But it sometimes increases suddenly to so great a degree, that she falls down in the street; and, previous to such attacks, she is affected with great sickness at stomach. In a short time, however, she again recovers, in some degree, the strength of the affected leg, so as to be able to walk, although not without difficulty. She has at times the sensation of temporary local swellings in the left side of her abdomen, which do not seem to her to arise from wind.

Her pulse, heat, and appetite for food, are in the natural state; and her tongue is

clean; but her belly is in general bound, and she sleeps ill in the night.

She has now been observed to discharge portions of this kind of worm for these thirty years past; and during all that time she has been affected with some of her present symptoms, particularly the pains in her belly: but she was first affected with the weakness of her leg about twelve months ago.

She has formerly applied to several different practitioners, and has used many medicines, particularly powder of tin and tincture of rhubarb. From these last medicines she has at different times passed three worms, of the same kind which she discharges at present, which were either entire, or at least very large portions. One of them measured about an hundred and forty-eight inches in length; another seventy-four inches; and the third about eighteen inches. But after these were brought away, she soon again came to discharge small portions in the same state as

at

at present; and she was never entirely freed from the pains in her belly.

Capiat cras, hora septima matutina, pulveris radice filicis non ramosæ drachmam unam, ex aquæ puræ cyathis; nec non

℞ Calomelanos,

Gambogiæ, utriusque granatiræ.

Pulveris cremoris tartari fescunciam, Syrupi simplicis quantum sufficiat. M. diligenter subigens, ut fiat electuarium; capiat circiter partem dimidiam cras hora undecima ante meridiem, et postea capiat drachmam unam omni hora donec supervenerit catharsis.

September 23. As the medicine directed could not be immediately procured, she did not get it till yesterday morning. The powder occasioned very considerable sickness at stomach; but it neither induced vomiting nor looseness. The cathartic began to operate about two hours after it was taken; and during the operation she discharged several fragments of the worm. The longest of these was about two feet in

C c 3 length,

length, and nearly about three-tenths of an inch in breadth: the shorter fragments were most of them much narrower; and one of them terminated in a point not broader than the size of a thread. The whole fragments taken together, as far as they could be collected, measured about fifty inches. This morning she has discharged some more fragments, which appeared to be dead when they came away.

Repetantur medicamenta u. a. cras mane.

September 30. The dose of the powder taken on the morning of the 24th occasioned very considerable sickness at stomach; and from the cathartic she had several loose stools: but no fragments of any worm were observed to be discharged; nor has she observed any in her stools since that time. She has been for some days entirely free from the pains in her abdomen, and at present she complains only of the weakness of her leg; but she has of late had no attacks of that sudden loss of strength from which she was before in danger of falling down.

Inter-

Intermittantur medicamenta, et illinatur oleum camphoratum femori dextro omni nocte hora somni.

October 10. She still complains of weakness, and of some degree of pain, in her right leg and knee; but she continues free from the pains in her abdomen; and no more fragments of the Tænia have ever been observed to be discharged, either by stool or at other times.

Continuetur oleum camphoratum ut antea.

October 17. There is no farther appearance of any portion of the Tænia; but the affection of her leg continues nearly in the same state as before.

Continuetur oleum camphoratum; nec non accipiat quotidie ictus electricos quatuor ad gradum tertium, et eliciantur scintillæ electricæ è femore affecto.

SEQUEL.

This patient continued the electricity for the space of some weeks, but without

recovering the natural vigour of her leg. As in this situation she did not expect to be farther benefited by the electricity, she gave up attendance at the Dispensary: but during the whole course of her attendance, after the remedies for the expulsion of the *Tænia* were given her, she continued free from all her other symptoms, excepting the affection of the leg. At the end of several months after she had discontinued her attendance at the Dispensary, I had an opportunity of seeing her; and was happy to find that she still continued free from any symptoms indicating the presence of *Tænia* in the alimentary canal, and that she had never during that time observed any portions of it to be discharged by the rectum.

OBSERVATIONS.

As this patient did not make application at the Dispensary till the beginning of September, by which time the summer
course

course of Case-lectures for the year 1777 was terminated, her complaints were never made the subject of lecture. But as this is the first case in which I have ever had occasion to use the powder of the fern-root against the Tænia, and as the practice has not, as far as I can learn, been common in this country, I imagined that the publication of it might not be unacceptable, or without some advantage.

I need not observe, that, in the treatment of this case, the practice which I followed was suggested by a publication which has lately appeared at Paris. This treatise is intitled, *Traitement contre Tænia ou Ver Solitaire, pratique à Morat en Suisse, examiné et éprouvé à Paris. Publié par ordre du Roi.* And it is signed by the respectable names of Laffone, Macquer, de la Motte, Jussieu, Carhuri, and Cadet. In their publication, besides an accurate description of the Tænia, illustrated by plates, and a particular account of the method employed by Madame Nouffer in the administration of her specific, we are presented also with the history

story of several cases in which it was used with success. It must, however, be observed, that the powder of the root of the male fern, which is considered as the article of greatest activity, is represented to be a specific only in cases of the solitary worm, tape-worm, or *Tænia lata*. But although it be not held forth as having a certain effect, it is considered also as highly useful against the *Tænia cucurbitina*, or gourd-worm. On this authority, then, I determined to have recourse to it in the present case, and was not without expectation of success. This expectation was somewhat increased from the accounts which I had heard of the use of the fern-powder in Britain. Not long after the treatise which I have mentioned had been published in Paris, it appeared in an English dress, being translated into our language by that ingenious and industrious physician Dr Simmons of London. And I was informed, that, in a second edition of his translation, he intended to publish the histories of several cases transmitted to him by practitioners in different parts of Britain,

Britain, in which it had been used with success both against the *Tænia lata* and *Tænia cucurbitina*. Such industry in the collection of histories with regard to the use of medicines, either new or revived, the rather merits praise, as it affords not only the fullest satisfaction with regard to the success and safety of the medicine, but likewise leads to the most effectual mode of administration.

In the present instance, soon after the treatment proposed was begun, it appears, from the history of the case, that our patient was, for the time at least, freed from an affection with which she had been distressed for many years. Two questions, however, naturally present themselves on this subject. It may occur as a matter of some doubt, how far the expulsion of the large portions of the *Tænia* which here took place, really depended on what Madam Nouffer terms her specific, the fern-powder? And it may be asked, Whether there be reason to conclude, that the

cure

cure thus obtained will be effectual and radical?

Perhaps a positive answer can be given to neither of these questions. With regard to the first, however, I cannot help thinking, that there is here great reason for presuming that the fern-powder had very considerable influence in the expulsion of the worm. I am indeed fully aware, that good effects may be obtained in the expulsion of worms of any kind, or of any other foreign matters, from the intestinal canal, by strong and drastic cathartics, although they possess no specific power. An evacuant of such a nature, however, is unquestionably afforded by the purgative which Madame Nouffer directs to be given after her specific. It consists of no less than ten grains of *mercurius dulcis*, as much resin of scammony, and from four to seven grains of gamboge, Paris weight. Each of these articles is directed to be separately reduced to a fine powder, and then the whole to be formed into a bolus with some conserve. Any one of these articles, taken by

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itself,

itself, may naturally be supposed a powerful cathartic. It must indeed be observed, that, from the cases treated and published at Paris, it appears, that the whole dose may be taken, even in weak habits, without inconvenience; and although it often produced a considerable number of stools, as for example, to the extent of fourteen or upwards, yet they were in general without pain, and did not weaken the patient by the evacuation. It is but natural, therefore, to suspect, that something may depend on the mere purgative power of this article.

In the case here treated, indeed, we did not venture to exhibit a purgative of such strength. Three grains only of calomel, and as much gamboge, without any resin of scammony, were here employed. These were conjoined under the form of electuary, with a quantity of cream of tartar sufficient to secure their operation. And this electuary was at the same time directed to be taken in repeated small doses, so as to avoid all danger of hypercatharsis. In this way, however, the use of it was followed

by

by a very brisk operation; and consequently it must have had considerable influence in tending to expel any thing contained in the intestines.

But it may farther be observed, that it is not improbable that one of the articles which entered the purgative here employed, as well as that of Madame Nouffer, has more influence than merely as a cathartic, that is, the gamboge. There is even reason for presuming, that while the gamboge in such cases operates as a purgative to the human system, it has also the effect of operating as a poison to the *Tænia*. At least, it is now highly probable, that gamboge, united to the *sal absynthii*, constitutes a medicine which has been much celebrated for the expulsion of *Tænia* from the intestinal canal; I mean the remedy employed by Dr Herrenschwand. Of the wonderful success of this remedy, some account was given several years ago by the illustrious Baron Van Swieten: but he mentions it as a remedy not then communicated to the public; and from his
account

account no conjecture whatever can be formed with regard to the articles on which the activity of it depends. I have lately, however, been informed by a very ingenious friend of mine, that Dr Herrenschwand's remedy is prepared according to the following formula: "R. Guttæ gambogiæ grana decem ad grana quindecim, pro ratione ætatis; falis absynthii cryst. grana quindecim ad grana viginti. M." With this receipt he was favoured by Dr Herrenschwand himself. The dose mentioned above is directed to be taken early in the morning. After it the patient has generally a mucous stool; but the worm rarely comes away. In two hours the same dose is repeated; and this for the most part is sufficient. But if still the worm should not be discharged, a third, and even a fourth, dose is given, the same interval being interposed between each exhibition.

Although, in this mode of cure, a very large proportion of an article which is commonly considered as a very drastic

purgative, be introduced into the alimentary canal; yet it is said, that it never produces any bad effect, even with children: and it is farther said, that where it operates strongly as a cathartic, its operation is not attended with gripes. It deserves here to be remarked, that the remedy of Dr Herrenschwand, as well as that of Madame Nouffer, is represented as being effectual only against the *Tænia lata*, or tape-worm. Dr Herrenschwand himself allows, that he has derived but little benefit from it when employed against the *Tæniacucurbitina*, or gourd-worm. Hence, then, besides what arises from the activity of the purgative employed, another doubt with regard to the efficacy of the fern-powder may be started also from the influence of the gamboge.

I cannot, however, from these circumstances, consider the evidence which we have of the efficacy of the fern-powder as being much invalidated.

With regard to the efficacy of Dr Herrenschwand's mode of treatment, it would

at present be out of place to make any observations. I have had occasion to employ it also in some cases, the particulars of which I propose to lay before the public in a future volume of this publication. It is sufficient here to observe, that, in his practice, the gamboge is given to a much greater extent than it is ever employed by Madame Nouffer. And it may farther be remarked, that, in the cases which have fallen under her care, the worm was often expelled by the fern-powder alone, or what she calls the Specific, before the gamboge or any other purgative was taken. To these arguments it may also be added, that the power of the male fern as an anthelmintic, and particularly as a remedy in cases of *Tænia*, was well known to the ancients. This abundantly appears from the writings of Theophrastus, Dioscorides, Galen, Avicenna, and many others. It seems, however, to have shared the fate of many other powerful articles of the *materia medica*, in falling into unmerited neglect among prac-

tioners of more modern date. Into the causes of this it is unnecessary to inquire: but, if the present practice shall confirm the opinion of the ancients, the restoration of this article to the list of the materia medica may be considered as a circumstance of importance in the practice of medicine. In the case before us, while the expulsion of the worm unquestionably followed the treatment employed, that degree of sickness at stomach which arose from the fern-powder alone before any other medicine was exhibited, gives reason for presuming that this expulsion was in a great measure owing to the influence which it exerted.

But if the case before us serves to show that the fern-powder is a remedy of efficacy in expelling the *Tænia lata*, it is a matter of still greater importance to ascertain whether it affords an effectual and radical cure in such cases. With regard to this question, in the present instance at least, I can now speak with greater confidence than formerly. Even at that time, indeed, when I considered, that after the discharge
of

of the worm she was completely freed from all the symptoms with which she had been before affected, and that some months had elapsed without the slightest appearance of any fragment of the worm being discharged, I thought there was ground for hoping that a radical cure had been obtained. This was the rather probable, as the very narrow portion which came away was evidently the neck, or, as it has perhaps been more properly called, the Thread or Filum of a *Tænia*. Hence there was ground for believing that every part of the worm was discharged.

Yet, when I considered that much larger portions had before been discharged by the use of other remedies, I thought there was reason to fear, that, from the continuance of some portion of it in the intestines, she should again be subjected to her former affection. And even the appearance of the thread was no certain evidence of the contrary of this. For it is now well known, that both in the case of the *Tænia cucurbitina* and *Tænia lata*, although the latter

has obtained the name of the Solitary Worm, two, or even more, may at the same time be present in the alimentary canal.

The late ingenious Mr Charles Darwin, who officiated as medical assistant at the Dispensary at the time when this patient's case was treated, and who, while he possessed extensive knowledge in every branch of medicine, was also eminently distinguished for an intimate acquaintance with natural history, had the first opportunity of examining this worm after it was discharged. He found it, as had indeed been before ascertained from the fragments discharged on other occasions, to be the *Tænia lata* of Linnæus. This circumstance, as the worm is in general solitary, when conjoined with the discharge of its thread, gave ground for supposing that the whole belonged to one worm, and that it was completely discharged; but the fragments which came away with the thread during the operation of the purgative were numerous. There was no circumstance from which it could be with certainty inferred that

that they all belonged to the same worm; and, even a day after the thread was disengaged, some broad fragments were observed to come away.

From these considerations, then, altho' a second dose of the fern-powder had been employed without any effect, and even after some months were elapsed without any return of symptoms, I could not venture to assert that a radical cure was produced. But it is now three years since the fern-powder was employed in this case; and I have the satisfaction of learning from the patient herself, that during all that period she has never observed any appearance of *Tænia*, nor been subjected to any symptom which could lead her to suspect its presence. We may now, therefore, venture to assert, that by the use of this remedy she has been freed from an affection to which she had been subjected for the space of thirty years.

Since I wrote the above remarks, I have been favoured with a letter from an eminent and respectable physician, Dr Ogilvy

of Forfar, giving an account of a case in which he has employed the fern-powder against *Tænia*. His patient has taken this medicine many different times in the manner directed by Madame Nouffer. The consequence has been, that upwards of 30 yards of a *Tænia* have been brought away. Dr Ogilvy has sent me a large fragment of this worm, and I find it to be the *Vermis Cucurbitinus* of Platerus, or *Tænia Solium* of Linnæus. Although every dose of the fern has brought away a large portion of it, yet even frequent repetition has not been able to effect a complete removal. This affords additional confirmation of Madame Nouffer's remarks with regard to the power of the fern-root.

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